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ORIGINAL ARTICLES.

THE CONFLICT BETWEEN MYSTICISM AND RATIONAL PHILOSOPHY; ITS BEARINGS ON THE DOCTRINES OF "CHRISTIAN SCIENCE."

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PART I.

"It is the very essence of philosophy to rest on the foundation of common perceptions, and by reasoning from these to account for phenomena."—*Challis.*

"Qui oserait soutenir aujourd'hui qu'on peut penser sans cerveau, au moins, dans les conditions de la vie actuelle, nier l'influence de telle conformation cérébrale, de telle mutilation de telle suspension d'une organe local sur le développement de la vie psychologique?"—*M. Vacherot*

FROM the dawn of intelligence the rational and mystical, or the ideal and the sceptical, have contended with each other for supremacy in human thought. These opposing methods of thinking reached a brilliant climax in the fifth century before the Christian era, in the schools of philosophy in Greece, headed, on the part of the Idealists, by Parmenides, and on the part of the Sceptics, or rationalists, by Democritus. With Parmenides, the idealist, were associated such renowned names as Melissius, Gorgias, who wrote a book on the "Non-Existent," Polus, Callides, Critias, Thasymachus, and others; while on the other hand, with Democritus, the sceptic, were associated his pupil Leucippus, the ill-fated Protagoras of hemlock fame, Lucretius, Prodicus, Diagoras, Nessus, Metrodorus, Diomenes, Anaxarchus and others less distinguished. Later, the two opposing philosophies were represented respectively by Plato and Aristotle, their pupils and followers.

The endeavor to comprehend the universe was an inspiration of the intellect; and in the absence of knowledge, or co-ordinated facts to build upon, it was natural that this faculty should construct a universe to suit itself, not from observed data, because it were not, but from its own ideals. In this way the early ideal systems of cosmogony were constructed, those of Moses and Plato being the more familiar to us. Awed by the majesty exhibited in nature and natural phenomena, the devout and imaginative delighted in referring everything to the agency of a self-existent, determining intelligent Cause, on whose omnipotent volition everything depended. To his imaginative

mind the earth was the Lord's. The sun was placed in the heavens to give it light by day; the moon and stars were hung in the firmament to give it light by night. The seasons were of the Lord's ordering. He breathed the breath of life into man; willed the development of animal life, the growth of vegetation—of fruits and flowers, the verdure of the fields, the trees of the forest, the yield of the harvest, and made the treasures of the mineral kingdom—the coal, iron, gold, silver, copper and other metals, the diamond, pearls, rubies and other precious stones—especially for man's use and enjoyment. All things were created by the fiat of His will, and by the exercise of the same fiat all things could be destroyed—the earth itself annihilated, and matter cease to be.

Such is the Hebraic cosmogony which has shaped the course of theosophic thought among western nations since the beginning of the historic period. The Platonic system was less crude and commonplace, but equally devoid of scientific verity. The cosmogony of Plato may be said to be more ideal. It is the creation of a masterful brain, an exhibition of pure reason—compared to which that of Kant and Schopenhauer is but a crude imitation—in the realm of metaphysics, without positive data to start from. With Plato, intuitions were primary; observation secondary. "God has begotten the universe from all eternity," he says, "and in its production he has followed the idea, or the perfect type of all possible things as existing in himself. Matter was before the universe and is its mother, as God is its father. Thus the universe is the thing begotten, God is the begetting principle, and matter is the substance in which the universe is begotten. Thus, mind and necessity are the efficient cause of the universe; for the mind is nothing else but God, and necessity is one and the same thing as matter." In this declaration of the divine Idealist is formulated the *dual* principle of mind and matter, body and soul, which still occupies a prominent place in modern philosophy, mind, however, always ranking, or taking the precedent of matter, in the origin of things. Nay, stronger than this: with Plato the finite mind was a part of the infinite mind and shared the infinite's omnipotence in the sphere of the finite.

The method of the Sceptics, or Rationalists, was

in striking contrast to that of the Mystics, or Idealists, who sought in the heavens for a knowledge of that which was under their feet. "It were a good caution for a man who studies nature to distrust those things with which he is not conversant" (Playfair). The sceptics required men to think, to examine, to scrutinize, to doubt; to accept nothing on authority, but to require evidence as a condition of belief. The earlier sceptics—even the prince of the sect, Democritus, himself—did not deny the existence of the gods, for that was impiety even at Athens in his day, the penalty of which was hemlock, but insisted that they had no part in the processes of nature. They were phantoms, objects of beatitude, according to Democritus, which "concern themselves neither with the universe nor with mortals." In his view, matter and force were adequate to explain the phenomena of the universe. According to Prodicus the gods were still more mythical. He regarded the gods as a "product of our gratitude for the things that are useful to us." Turning away from these speculative problems which lie beyond the scope of finite faculties, the sceptics did not attempt to construct a universe, but they endeavored to discover one. To this end, they devoted themselves to sensuous observation, or rather, to observation of sensuous phenomena. They studied nature, collected and coordinated facts with the object of discovering truth, that is, of correctly interpreting phenomena. Theirs was not a system of guessing, but of demonstration. It did not comprehend unveiling the thing itself—the neumena—but of unfolding the order of its development. While their habit was to doubt, it was not to doubt the truth itself, but the knowledge of it, which their rivals claimed to possess. Beginning with matter, the sceptics sought to ascertain its primordial constituents and the laws of their combinations in entering into endless forms and conditions. With the mastering of those elementary subjects they were prepared to take a step in advance. From physical phenomena the ascent was easy to mental phenomena. The rational method may be said to have begun with the study of atoms, and to have advanced to the problems of spaces, motions, molecules, voids, worlds, bodies, souls, and finally to the master-piece of creation, Mind. The genius of Democritus was equal to all this, or of initiating a method of philosophy that was equal to it. Fortunate for the glory of Aristotle, says Lefèvre, that his books have not come down to us! While it remained to the modern physicists to demonstrate the atomic constitution of matter, the first conception of the truth is due to Democritus. In

his view, atoms were eternal, self-existent, indivisible, of divers shapes, motions and properties. Their diversified combinations and interactions constituted the varying forms and phenomena of the material world. "Atoms in motion and in space wherein they move," said he, in substance, "such are the two sole and necessary conditions of existence of bodies and their properties. Matter and void make up the whole system." "Substitute for the void," says Lefèvre, "the imponderable ether, for the absolute the relative void, and one gets the very formula of modern physics and chemistry" (*Philosophy, Historical and Critical*, p. 85). "Motion is the manner of being of matter," says Lefèvre; "it is at once the condition and effect of all atomic or molecular combinations." The various kinds of motion, though separate ideally from matter, science recognizes as "various aspects of matter, different states, more or less general, more or less particular." "The fundamental and often incomprehensible character, of the most complicate aggregates," continues Lefèvre, "resides in the composition of the molecules, in the reciprocal proportions of the constituent atoms" (*Ibid*, p. 450).

The chief virtue in thinking is to think. It is not what a man believes, or what he thinks, what his opinions are, or how learned and luminous are his maxims that makes him of service to his race. His power to stimulate the ideas of his fellows; to inspire them to think out their own conclusions; to direct their mental energies into fruitful channels—is of far greater consequence. To wield this influence requires honest convictions and the courage to express them. Democritus had these high qualities and the world (although his books were destroyed by the vandals of philosophy) will not let his name perish. He must be accredited with the origin of inductive philosophy, to which medicine is so greatly indebted, by which Hippocrates worked out his renown and which Aristotle applied with such fruitful results a century later. This method of observation was allowed to lapse in the minds of men with the decline of the Alexandrian school, and its place to be usurped by its rival method, the ideal or mystical. The decadence of the old dynasties, followed by the rise of the new dispensation, during which mankind groped in darkness and blindly turned to authority and to oracles for guidance, or sought wisdom in dreams and dreamers, was death to philosophy. It was destined to rise again, however, and to take its high position in the new civilization, for

"Truth crushed to earth shall rise again,
The eternal years of God are hers."

Democritus, Leucippus, Lucretius, Hippocrates,

Aristotle, Hipparchus, and their coadjutors thus laid the foundation of science on which the grand superstructure of modern science and art has been reared by their illustrious collaborators in the western world. It is to their method of faithful observation and conscientious study of nature that the vast treasures of knowledge have been filled, and that the varied arts and industries of the civilized world have been built up. To it we are indebted for the magnificent discoveries in physics and the equally magnificent achievements in chemistry and mechanics; for the perfected astronomy of our day; for biology and anthropology, physiology and hygiene, pathology, ætiology and therapeutics, botany, materia medica, and even surgery. Without the discoveries in optics, minute pathology and of morbid causes, which have been made by students of inductive philosophy, following in the wake of their illustrious predecessors, medicine would have forever remained what it was in the last century, "a jumble of inconsistent opinions," and a reproach to the name of science. The discoveries in the various departments of physics, including inorganic chemistry, the advance in our knowledge of organic chemistry and of morbid causes; the discoveries in antiseptics and the laws of organic development have revolutionized the art of medicine within living memory, introduced certainty where before was uncertainty, and established beyond controversy its claim to the rank of a science. While the world owes so much to rational ideas and to the men who have unselfishly promulgated them in the department of medicine and hygiene, it is even more indebted to them for the benefits which they have conferred upon other departments of knowledge and the application of science to the arts and industries. These have multiplied the comforts of life, enlarged man's understanding and increased his capacity for rational enjoyment a thousand fold. Nor is this all: By enlarging the understanding of man, science has brought him into higher and closer relations with his fellows, and has led him into more exalted regions of thought and feeling, even to the height of contemplating "the beautiful and orderly laws by which the universe is governed." His nature is thus awakened to the diviner harmonies of being, and he is fitted thereby to render a truer and a more acceptable homage to the august source of life and being. No man who fully appreciates the revelations of natural science can be irreverent or irreligious. They exalt him above sordid things, and prepare him to enter upon a life of sweetness and light—here, in the life terrestrial.

Modern researches in the domain of psychology have long since demonstrated the justness of Plato's idea of dualism in respect of the constitution of matter. And while the nature of either matter or mind still remains as one of the Elusian mysteries, it is conceded that we know as much of one as we do of the other. We know that matter and force are everywhere co-existent, and that one is the complement of the other, and as a matter of fact, the one is never dissociated from the other, except ideally. The deeper mystery which involves them both, science does not pretend to penetrate. Some of the German idealists, notably Schopenhauer, have taken delight in vaunting the one above the other and giving mind the higher rank—or the only rank—in the system of causation; but it is a procedure altogether devoid of practical utility. We know that there are grades of matter as there are also grades of mind. The oxide differs from the acid, and these again differ from the salt; minerals differ from the vegetable, the vegetable from the animal, and one animal differs from another according to differences in form, atomic and organic combination and construction. At each grade of atomic combination in the mineral kingdom, and also in the vegetable kingdom, characteristic forces and properties become manifest, and at each step in the evolution of animal forms and types characteristic properties of tissue and types of life and mind are produced and made known. Every form of organic substance has its own peculiar property, or life-force. Thus: cellular tissue has one kind, muscular tissue has another, and the several kinds of nerve tissue have others, each according to its grade of development, the highest, the grey matter of the brain, being the instrument of the highest grade of mind, possessing the power of thinking, or of evolving will and ideas, and manifesting them. It is certain that we know nothing of life and mind except as they are manifested in the various forms of substance, and properties, organs and functions, with which they are associated and to which they are related.

We find in Mr. G. H. Lewes' *Physical Basis of Life* a luminous illustration of the part which tissues, organs and functions play in the animal economy, which he accredits to Bichat: "Let us suppose ourselves investigating the structure of a ship," he says. "We find it composed of various materials—wood, iron, copper, hemp, canvas, etc., and these under various configurations are formed into particular parts serving particular purposes, such as deck, masts, anchor, windlass, chains, ropes, sails, etc. In all these parts the materials preserve their properties, and wherever

wood or iron may be placed, whatever purpose the part may serve, the properties of wood and iron are unaffected; and it is through a combination of these properties that the part is effective; while through the connection of one part with another the purpose becomes realized. The purposes to which masts, ropes or sails are subservient may be called their functions; and these, of course, only exist *as such* in the ship. It is the same with the organism. We find it composed of various tissues, and these are combined into various organs or instruments. * * * Each tissue has its characteristic quality; and the organ which is constructed out of a combination of several tissues, more or less modified, is effective solely in virtue of these properties, while the function of that organ comes into play through its combinations with other organs."* But, it must be observed that, the power which presides over all and directs all to a definite end and purpose in the organism is something past finding out, inscrutable, namely, the Ego.

Moreover, few things in mental physiology, which have not been absolutely established, are more certain than that the various mental faculties, memory, reason, perception, imagination, intellection, etc., together with the moral sentiments and the passions, have each its own ganglionic centre in the brain, to which its exercise is limited and on the integrity of whose structure and function each mental trait is dependent. The truth of this is supported by experiments on living animals, as well as on man, by distinguished physiologists in France, England and in this country. The doctrine is also supported by mental pathology, the phenomena of partial idiocy and arrested development, as well as by actual disease of the brain-substance, that part of mind which is related to such diseased brain, being impaired or destroyed thereby. If mind were not immanent in brain-substance, or dependent upon it for existence and manifestation, the loss or non-development of that substance, or the disease or destruction of it, in whole or in part, would not necessarily impair the mental faculties. But the truth is that, such loss or destruction of brain substance, either by disease or otherwise, is immediately followed with loss or impairment of the mind. It has been proved over and again that the cerebra are the seat of intellection, by the removal of them from animals, idiocy following that operation, while the unconscious life continued to remain intact. MM. Foureus and Bouillaud, Dr. Dalton and others, have repeated this

experiment in birds, and always with the same result. Dr. Dalton says "the animal is still capable, after removal of the hemispheres, of receiving sensations from external objects. But these sensations appear to make upon him no lasting impression. He is incapable of connecting with his perceptions any distinct succession of ideas. He hears, for example, the report of a pistol, but he is not alarmed by it; for the sound, although distinctly perceived, does not suggest any idea of danger or injury. The memory is altogether destroyed, and the recollection of sensations is not retained from one moment to another. The limbs and muscles are still under the control of the will, but the will itself is inactive because it apparently lacks its usual mental stimulus and direction."*

Moreover, the connection of consciousness and the brain is further strikingly shown by the fact recorded by Valentine, that "if one removes the two hemispheres of a mammal by slices, the mental activity sinks the lower the further the loss of substance is proceeded. When the ventricles of the brain are reached, complete unconsciousness is wont to appear."†

These facts are sufficient to settle the question in unbiased minds, not of materialism or immaterialism, but of the mutual and interdependent relation of mind and matter, body and soul, the objective and the subjective, the material and the spiritual. This demonstration is the crowning achievement of inductive science in the domain of physiology.

Let us now turn our attention to the rival and opposite method of thought of which Plato was the chief exponent in Greece, although it did not, as we have seen, originate with him. With this method of investigation, "instead of referring the events of the external to space and time, to sensible connection and causation," says Dr. Whewell, "men attempted to reduce such occurrences under spiritual and supersensual relations and dependencies; they referred them to superior intelligencies, to theological conditions, to past and future events in the moral world, to states of mind and feelings, to the creatures of an imaginary mythology or demonology. And thus their physical science became magic, their astronomy became astrology, the study of the composition of bodies became alchemy, mathematics became the contemplation of the spiritual relations of number and figure, and philosophy became theosophy."‡

One cannot but marvel that men who showed themselves so little capable of investigating sensi-

* Human Physiology, p. 302.

† Von Hartmann. *Philosophy of the Unconscious*, II, p. 71.

‡ *History of the Inductive Sciences*, I, p. 211.

ble phenomena should have achieved so great a reputation for a knowledge of mental or spiritual phenomena. One is forced to the conclusion, in contemplating this fact, that man has greater love of mysticism than of truth; greater fondness for the ideal and speculative than he has for patient, laborious thought and investigation.

The leaders of the ideal school subordinated matter to mind; many of them went so far, indeed, as to deny the objective existence of the former and to treat it as an illusion of the senses. While Plato held to the doctrine of dualism in nature, physical and spiritual, Parmenides denied the reality of the physical world and the authority of experience. Gorgias believed the physical world to be an illusion, and that the only real existence was mind. "Nothing has any substantial existence," he declared. And so strong was his conviction of its truth that his friends felt constrained to protect him against accidents lest he should walk off a precipice, or be run over in the streets. Xenophanes and Pyrrho were imbued with a similar skepticism of realities, while the learned and eloquent Zeno denied the reality of motion. These notions seem absurd enough to one who accepts the authority of the senses for the evidence of objective existence; but they were legitimate to them, since they denied the objective and regarded *ideas* as the substratum of real existence. They are of interest in this connection chiefly as being the forerunner of that school of mysticism and folly which succeeded the decline of the Alexandrian school and Greek science in the second century of the Christian era, under the name of Neo-Platonism, which was the beginning of what is now known as "Christian science," the revival of which so many earnest and pious people are rejoicing in to-day.

The best representative of this sect and philosophy, or absence of philosophy, is Plotinus, himself a disciple of Ammonius Saccas, who lived at Rome in the reign of Claudius, in the second century. To his pupil, the learned and pious Porphyry, are we indebted for an account of his life and mythical philosophy. "He lived a life of meditation, gentleness and self-denial," and in close communion with the divine Mind, according to his biographer. His ideas of the relation of the intelligible world with the world of sense, the spiritual with the sensible world, is similar to Swedenborg's doctrine of Correspondences. Plotinus bewailed his mortality, or as Porphyry says, "he appeared like a person ashamed that he was in the body. In consequence of this disposition," continues Porphyry, "he could not bear to talk concerning his family, or his parents,

or his country. He would not allow himself to be represented by a painter or statuary."

Plotinus and his followers converted the abstract or subjective into real substantives. Thus, ideas were things, thoughts were entities, the divine influx was the "Word," or God himself, according, also, to St. John and Swedenborg. The passions of our nature were demons. These demons could be rendered latent, revived, or exorcised at will, not only by the person acting upon himself, but also by the imagination of one person acting upon another, as in the practice of Christian scientists of to-day in exorcising the thought or idea of disease, which they allege is the disease itself. The Neo-Platonists, and later the Christians, carried these mythical doctrines to the extremest lengths. Not only did they materialize ideas, passions and sentiments, exercise power over disease and evil spirits, but they professed to have power over the elements, to control physical phenomena, and even to have power over life and death. Thus, the divine Nazarene, it is said, walked on the Sea of Galilee, quieted a storm at sea by his word of command, cured a woman of chronic issues of long standing who had vainly suffered many things from many physicians, by his spoken word, and raised Lazareth from the dead, even after putrefactive changes had taken place in his body. But Sopater, who had the misfortune to live in the reign of Constantine, was beheaded by that monarch for having "bound the winds by the power of his magic." The great exemplars of this sect professed to live on terms of familiarity with the Deity, to converse with the dead, the gods Apollo and Minerva, and to hold communications with ghosts and apparitions. This was said of Iamblichus, Orpheus, Proclus and others who lived in the beginning of the Christian era, and who were among the most conspicuous of their sect. They were men of austere habits, of undoubted piety, pure lives, and of the strictest devotion to religion and the science of God. That they were sincere is unquestionable; that they were insane is equally beyond question, for the things they professed to do and believed that they did do were of such a miraculous character as to be beyond the credibility of the rational sense.

These doctrines were believed and taught by numerous mystics and ascetics of the mediæval period, fit philosophy for the "Dark Ages," and by idealists since the Reformation, notably Leibnitz, Novalis, Kant, Schelling and Schopenhauer among the Germans, and Swedenborg, the Swedish Seer. Swedenborg attempted to reverse the order of natural development, and to put that

first which had been regarded last in the causation of things. Paul of Tarsus wrote, "first the natural, then the spiritual." Sweden's Seer said, first the spiritual, then the natural. To him, physical nature was a reflex of spiritual nature, just as shadow may be regarded as a reflex of reality, or as a picture is the reflex of substance. "The natural world and all that belongs to it," he observes, "exists and subsist from the spiritual world, and both from the Divine." This idea runs through all his system of Correspondences, the key to which the author found on the occasion of one of his trips to heaven, if what he alleges is true. Whoever is able to accept the doctrines of Swedenborg will find no difficulty in accepting the ideas and beliefs of the most ultra mystics and sorcerers of Egypt, India, or of Christianity of the early mediæval period.

The Neo-Platonists believed in the absolute power of mind over matter, including those who believed in the reality of matter. Inanimate objects were subordinate to their will. The power of faith was invincible. Did not the divine Jesus declare that if one's faith was sufficient the mountains could be cast down at one's command? They claimed that they could handle live coals and swallow deadly poisons with impunity; that they could contend with wild beast, defy the bite of serpents and the sting of scorpions and other poisonous insects. They, especially the Christian sect, accordingly ignored and despised the art of medicine and declared the inutility of physical science or worldly learning. They instituted faith cure, shrine cure, cure by charms, etc. The chief object of this life with them was to prepare for the life to come. The more suffering and privation they endured in this world the more bliss would be their portion in the next. The effect of such a conviction was to give them contempt for riches and the comforts which riches bring. And of what good use was worldly learning to men imbued with such unworldly zeal? Of the physical philosophers, Eusebius of the fourth century said: "It is not through ignorance of the things admired by them, but through contempt of their useless labor that we think little of these matters, turning our souls to the exercise of better things." Lactantius, of the same period of the Christian era, expressed his contempt of learning and philosophy in language still more forcible: "To search for the causes of natural things; to inquire whether the sun be as large as he seems; whether the moon is convex or concave; whether the stars are fixed in the sky or float freely in the air; of what size and what material are the heavens; whether they be at rest or in motion; what is the

magnitude of the earth; on what foundation it is suspended and balanced:—to dispute and conjecture on such matters is just as if we chose to discuss what we think of a city in a remote country of which we never heard but the name."*

From the general prevalence of sentiments like these one can easily imagine to what depths of ignorance and superstition the masses of mediæval Christendom fell, and to what dire straits of disease and misery they became reduced. Imagine a people who never bathed themselves, and lived on cheap fare, or a diet of refuse; imagine a person sick with specific fever whose only treatment was annointings and prayers; or with rheumatism, treated with charms; imagine a case of leprosy treated by silent prayers and meditations, or of diphtheria by laying on of hands; imagine cases of ulcers and issues, abscesses and cancerous sloughings treated by pious processes without water and antiseptics, as was customary among the early Christians and as the modern imitators of mediævalism, under the specious guise of science, advise and practice—and the sanitary condition of mediæval Europe may be easily imagined. It was a mercy of Heaven that the people lived out half their natural lives, and that nothing worse than superstition, the "King's evil," lice, leprosy and the plague was inflicted upon them.

It is remarkable how history repeats itself, and how ideas rise and fall, come and go, and are revived with the ever-changing ebb and flow of human opinion. It has been assumed and believed that some stable and substantial progress had been made in the knowledge of the laws of health and sanitary science; that the physiologist had settled a few questions in regard to the laws of organic life, of digestion and formulas of diet, morbid causes, etc., and was in a position to affirm this and to deny that, in respect to what is good and what is bad for persons in one condition or another. It seems that the profession has been in error in such an assumption, if the claims of the doctrinaires of the new "science" of healing are well founded. The power of mind, aided by the rites of religion and the doctrines of theology, has superseded sanitation and rendered useless and unnecessary the practice of prudence in the care of our bodies. "We do not care to correct your habits," say the disciples of the new "science." "Eat and drink whatever you desire to do," they say to the dyspeptic. "Avoid medicine or other agents and appliances of the medical art," say they to the sick. Even dis-

* Inst. I, III. In it see *Whewell's History of the Inductive Sciences*, I, p. 195.

infectants and other measures of cleanliness are interdicted by them. A case of general schirrhous, attended by numerous deep, offensive sloughings, came under our observation on one occasion, which had been cared for by practitioners of this faith. They had advised and succeeded in persuading the lady, a woman of great piety, to have the sloughings let alone, unwashed and undressed; to turn her attention entirely away from her wounds, and to leave them to the curative influence of silent prayer and the revivifying power of God. The condition of this estimable but misguided lady may be more easily imagined than described. Not until the "spell" of the ignorant mind-curiers was broken was she willing to submit to have her wounds washed and dressed, and herself made presentable to her friends.

The causes of all coughs, fevers, inflammations, cachexias, etc., are mental, it is said, and are due, according to Emanuel Swedenborg, to the presence of "evil spheres," and not to epidemic, extremes of heat and cold, or to bacteria or other physical causes. "When evil spheres approached him [Swedenborg], he was seized with violent fevers, pains, inflammations, etc., varying with the nature and intensity of the sphere. When the sphere was removed all the bodily disturbances at once passed away, as the shadow vanishes when the substance is displaced." Acting upon this fanciful suggestion of Swedenborg the Neo-Platonists of the nineteenth century cure disease, it is alleged by one of their disciples,* "by ejecting the evil sphere, when all its projected shadows fade and disappear"—namely, the colics, choleras, coughs, rheums, rheumatisms, fevers, inflammations, etc.? together with the deadly ptomaines, leucomaines, microbes, gall-stones, concretions, etc.? Faith in this doctrine exempts man from all the evils of mortality, and protects him from the effects of deadly poisons as well as the germs of deadly fevers. "Ye shall drink any deadly thing and it shall not hurt you"—corrosive sublimate? strychnine? prussic acid? "If the whole world," says the excellent author of *Condensed Thoughts about Christian Science*, "could be made and kept by our sanitarians as clean and pure as the floors of heaven, human nature and life remaining the same, every disease now existing would be reproduced from interior sources during a single generation. On the other hand, if all men could be brought, from the standpoint of absolute truth, to think rightly, feel rightly, and do rightly, it would revolutionize

the face of nature, and physical disorder and disease would be impossible." This is a condensed statement of the issue between the science of Aristotle, Hippocrates, Avicenna and Bacon, and the theosophy of Plotinus, Porphyryus, Schopenhauer, Van Helmont and Swedenborg.

HOMŒOPATHY; ITS FRIENDS AND ITS FOES.*

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PART II.

THE INDIFFERENCE OF HOMŒOPATHISTS TO THE HARMFULNESS OF FALSE HOMŒOPATHY.

I AM making use of the opportunity afforded me by this occasion, to call the attention of our school to some of its more glaring faults.

One of these, I take it, is its apparent unwillingness to take upon itself the responsibility of originating and formulating correct principles and practice. Our school has had a glorious opportunity for displaying these qualities; but how has it improved them? Instead of taking up the principles enunciated by Hahnemann, where he left them, some of which were crude and necessarily undeveloped, and adding to and perfecting them from time to time, as additional light was obtained, our school stands to-day substantially where Hahnemann left it half a century ago.

His correct principles we have applied, and by our steadfast adherence thereto, we have grown from few in number to become a mighty people; but what can be said of our treatment of the heritage of false theories that Hahnemann left us? Have we had the courage to grapple with them as we should?

To be adjudged well-grounded in correct principles is praise-worthy, and indicative of permanence and stability; but to be indifferent to the presence of and even to foster recognized error, is of questionable expediency, to say the least.

This indifference to the presence of error is a recognized fault. Dr. S. O. L. Potter, in giving his reasons for renouncing homœopathy, as quoted by the *Medical Record*, of February 11th, says: "My observation of the reception by homœopaths of Dr. Wesselhæft's re-proving of *carbo vegetabilis*, and Dr. Sherman's work in the 'Milwaukee Test,' of 1879, proved to me that no crucial drug experimentation, conducted under scientific safeguards, could meet with any degree of appreciation from the majority of that sect."

Dr. Potter is in the main correct. Dr. Wesselhæft proved conclusively, ten or twelve years

* W. H. Holcombe. M. D. *Condensed Thoughts about Christian Science*, p. 39.

* President's address, before the Homœopathic Medical Society of the State of New York, at its Thirty-seventh Annual Meeting, held February 14th and 15th, 1888.

ago, that attenuations could not be carried beyond certain reasonable and definable limits, and hence, that some of the provings that Hahnemann had given us must be discarded as of doubtful value. But what has the homœopathic school seen fit to do about it? Absolutely nothing! High potency worship has prevented.

Dr. Sherman and his associates, established, beyond all question, that the thirtieth potency has not the slightest disease producing power. But has the homœopathic school acknowledged its indebtedness to the Milwaukee Society, or formally accepted its conclusions? I think not. I undertook to induce this society to formulate its acceptance thereof, and received a blackened eye for my trouble—records of which still remain on the pages of its transactions. High potency worship again triumphed.

The following resolution was unanimously adopted at the semi-annual meeting of the society held in August, 1871:

"Resolved, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medicinal and inert substances, and hereby respectfully protest against the publication in the transactions of the American Institute of Homœopathy, of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia."

This resolution was aimed at Dr. Swan's provings of skimmed milk of the four thousandth potency. It constitutes a wise, safe and conservative declaration against extravagant and undesirable tendencies in our school. The high potency party, however, perceiving in it nothing other than a defiant red flag and an act of bare-faced intolerance, could find no peace until, in the name of *liberty*, they secured for themselves *license* to perpetuate all that makes the name of homœopathy a by-word, and its principles the representative of modern transcendentalism.

Five years afterward, at the annual meeting held in 1876, the following resolution was adopted:

"Resolved, That the resolution found in the transactions of the Homœopathic Medical Society of the State of New York, in the year 1871, derogatory to the provings of Dr. Swan of unknown and inert substances, be rescinded and expunged from the minutes of the society, and that those provings which have heretofore been refused shall now be admitted."

Thus again high potency influence and interests triumphed over conservative and rational medicine, thereby placing the society in fullest accord, as far as regards Hahnemann's hypothetical dy-

namization schema, with the wildest vagaries of this class of enthusiasts.

Again in 1883, the society, by the adoption of the following resolution, bunglingly expressed its substantial adherence to the proposition that homœopathic principles and practice are exemplified by the use of both high and low potencies.

"Resolved, That the use of the *extremes* of potency be not considered in any way distinguishing the practitioner as homœopathic or non-homœopathic."

If it is the settled purpose of the society to continue its indorsement of the false and pernicious theory that high potency practice is essentially homœopathic, and fears to declare itself antagonistic thereto, lest it be considered illiberal, it should at least express its sentiments in plainly and correctly constructed sentences.

These citations are sufficient to answer my present purpose; that of showing the present policy of this society to be one of timid inactivity; indicated by its amazing indifference to the presence of a stupendous error, because unable to perceive the harmful tendencies thereof, or, seeing them, an unwillingness, through fear of the charge of illiberality, to separate itself therefrom. Is the Goddess of high potencies to continue to hold full sway forever? I wot not.

TRUE HOMŒOPATHY IS REPRESENTED BY LOW POTENCY PRACTICE; FALSE HOMŒOPATHY BY HIGH POTENCY PRACTICE.

TRUE HOMŒOPATHIC ACTION CEASES AT THE LIMIT OF MATERIALITY.

The reasons why some restrictive action by the society should be taken, are mainly found in the fact that unquestionably the reports of these cases contribute to the perpetuation of a false system of homœopathic therapeutics.

The society should take cognizance of the fact that two kinds of homœopathy, the true and false, are represented in its reports; and seriously ask itself whether it is wise longer to remain indifferent to the presence of the false one.

That the presence of the false representative is exceedingly prejudicial to the true, few before me will question. That the presence of the false tends to the dwarfing of the growth of the true, by limiting the acceptance of the latter to comparatively only a very few members of the medical profession, who will have the temerity to interpose a doubt?

Another reason why this society has hitherto failed to declare itself opposed to the false kind is found in the fact that no extended discussion and no exhaustive investigation of the relations of high potency practice to true homœopathy have

ever been thoroughly or systematically entered upon.

The very first point to be determined, has reference to the question whether or not the action of attenuated remedies has a *natural limit* within reasonable and appreciable boundaries?

The members have apparently been afraid to tamper with Hahnemann's schedule, lest an irreparable breach once made, would be followed step by step until all that is of value to homœopathy is lost.

This timorousness surely is not well founded. It betokens a lack of self-confidence. Instead of this it would seem fitting for us, taking advantage of the advanced progress medical science has made since Hahnemann's day, to exercise our own judgment regarding the practical application of the principles he promulgated. If we find defects therein, let us set about correcting them. If we find any of them founded on error in theory or practice, let us unhesitatingly discard them. Surely we are as well qualified to originate and formulate correct principles and practice as Hahnemann ever was.

A striking illustration of the purblind infatuation possessed by the advocates of false homœopathy is afforded by a criticism just published in the January number of the *Medical Advance*. On the sixty-fifth page is found an article entitled, "That and This." Arranged underneath in parallel columns are the following paragraphs:

"The two hundredth potency has never produced any effect upon the healthy body, as far as my experiments have gone, therefore it can have no effect upon the sick." T. F. ALLEN.

"The broad daylight has never been known to produce any ill effect upon the healthy eye therefore it can have no bad effect upon the sick eye."

"Wanted! The signature of T. F. Allen, M. D., to the last, to make his proposition consistent."

CHARLES B. GILBERT, M. D.

Dr. T. F. Allen, as is well known, has uniformly refused to accept high potency provings as capable of producing pathogenetic symptoms or conditions of any value to homœopathy; hence he has very properly declined to incorporate them into his works on *materia medica* or make use of them in the selection of homœopathic remedies, and in this decision he is supported by all who discard false homœopathy.

The author of the foregoing criticism, Dr. Gilbert, in endeavoring to make an assault upon Dr. Allen's position, and score a point in favor of high potencies, undertakes to show that Dr. Allen's argument is not sound, by stating, in the form of an antithesis, a proposition which is unquestionably sound as far as regards the mere announcement

of a natural phenomenon, but wholly unsound and abortive so far as it is of any value in establishing the homœopathicity of high potencies.

It is true that the retina, in a normal condition, is unaffected by broad daylight; it is true, also, that when its sensibility is heightened by disease, a much less amount of light becomes a source of intense suffering. Thus far Dr. Gilbert stands upon solid ground, the inference, however, he would have us draw from his premises, viz., that because a little light is sufficient to sensibly affect a diseased retina, a little medicine, that is a high potency, will likewise affect the human system, is absolutely false; for the reason, that the ray of light, however small, that passes through the pupil can be estimated; the amount, although ever so minute, has a reasonable and definite *limit*, beyond which there is no light. And this limit, if graded as our attenuations are, would be passed long before reaching what is recognized therein as the limit of materiality.

Not so, however, with the high potencies. These soar away into the unexplored and unexplorable regions of ideality and sentimentalism, and are lost in the speculative theories of the visionary enthusiast.

Dr. Allen, recognizing the fact of the material limitation of the minuteness to which medicines can be subjected and still secure true homœopathic action, is to be considered a true friend thereof; Dr. Gilbert, on the other hand, having in mind the spiritualizing, whatever that may be, of the homœopathic remedy, carries the process of reduction far beyond all reasonable boundaries. He must necessarily be considered a foe of true homœopathy.

REPORTS OF ALLEGED CURES BY HIGH POTENCIES ARE MISLEADING ON THREE COUNTS, VIZ., ERRORS OF DIAGNOSIS, GENERAL PRINCIPLES, AND ISOLATED OR UNUSUAL CASES.

During all the past history of high potency experimentation, extending, as has been stated, over a period of three-quarters of a century, those who have reported and published these reputed cures, have, almost without exception, presented them in such a connection as to shut off any investigation undertaken with a view of determining whether the cases were truly homœopathic or not.

There has been no approach toward a systematic effort at a reliable classification or analysis, by which the actual effects of high potency action, and it only, could be satisfactorily estimated with any reasonable degree of precision.

The results of this long series of experiments

show, that in nearly all instances, the claimed homœopathicity of high potencies is not well-founded, the liability to error being chargeable mainly to *three* classes of cases; viz., those in which there were errors in diagnosis; those in which the remedies were administered on general principles, and those in which the diseases were unusual or isolated.

Misleading on Account of Errors of Diagnosis.—As illustrative of the first class, viz., errors of diagnosis, a case may be cited from among those furnished the committee on high potencies. It is one taken from the records of dispensary service, and is designed to show that *mercurius sol.* 30th quickly cured severe pain in the jaw, the woman having, two or three days previously, had several decayed teeth extracted.

Arnica and *belladonna* 3d., were given the first day; *mercurius sol.* 3d., the second; five grains of *potassium bromide*, the third, notwithstanding which there was a steady increase of inflammation, pain and tumefaction.

It is alleged in the report that these symptoms were relieved, on the fourth day, *ten* minutes after the administration of a dose of *mercurius sol.*, 30th potency. The patient slept well that night, and the following day the swelling had all subsided.

This was plainly an instance of mistaken diagnosis. In all probability the sudden relief, although coincident with the administration of the high potency, was in no way attributable to it, hence the high attenuation should have no credit for the cure. The only evidence of homœopathic action in such a case as this, would have been the presence of the medicinal aggravation; but as none is mentioned, and as the swelling all subsided on the following day, it is fairly inferential that relief followed the breaking of a small abscess, formed by a clot of blood collected at the bottom of the cavity, rather than from any specific curative action of the medicine given. Plainly there is nothing to justify the conclusion that the high potency had any influence whatever.

Often Misleading when Applied on General Principles.—In the second class of cases, viz., those in which remedies are administered on general principles, there is an exceeding liability to error. In these cases the remedies are administered in the same manner as the low and for the same reasons. For example, the administration of *arnica* of the two hundredth or one thousandth potency after surgical operations.

The professor in one of our Western medical colleges, to whom reference has been previously made, states that it is his custom to apply a compress to

the wound, wet with a solution of *hypericum*, after operating for hernia, and also administering the same remedy internally, "in any attenuation, the *thirtieth* being preferable."

Here we find the fruit of Hahnemann's false teaching, in a recommendation, without any qualification whatever, to administer medicines on general principles, yet wholly ignoring Hahnemann's caution not to give a remedy so attenuated as not able to produce a slight aggravation. Yet this slipshod, non-homœopathic treatment is believed, practiced and taught by a professor in one of our medical colleges. Those who practice this spurious method would have us believe that a high potency acts homœopathically just as surely as a low one, a proposition wholly unsupported by facts or reason.

Furthermore, this report of a reputed homœopathic cure of thirty-four out of fifty cases by a high potency or any other potency is plainly false on its very face. The author stretches every one, old and young, thick and thin, chronic and recent, upon a procrustean bed of his own construction. He has made no account of Nature's share in the work. He makes Nature homœopathy's hand-maid; we are taught the reverse of this.

The author also entirely disregards the first principles of homœopathy by prescribing one remedy for a single symptom or condition, there being no evidence of any effort at the selection of a remedy in accordance with the totality of the symptoms; hence this prescription is not an illustration of sound homœopathic treatment. He makes everything bend to the advancement of one idea, the glorification of high potencies.

This wholesale statement is as devoid of truth, from a homœopathic point of view, as was that of an enthusiast who alleged, at one of the recent meetings of this society, that he had never, in a practice of nine or ten years, attended a case of mal-presentation except one, and that that case was the only one in the whole series in which he had neglected the administration of *pulsatilla* of the two hundredth potency. He claimed that the mal-position, if any existed in all the other cases, had been corrected by the high potency.

Statements as absolutely false and ridiculously absurd as these bring our school and system into disrepute. By tolerating them unchallenged at our medical meetings, by publishing them in our medical journals, and by persistently teaching them in our medical colleges, we are rendered continually liable to the severe and well-deserved criticism of the great body of medical men.

Often Misleading on Account of Reports of Isolated and Unusual Cases, Because from

these no Estimates of the Ratio of Cures can be Obtained.—The third class of cases, viz., those in which the diseases were unusual, or the cases isolated ones, are quite as numerous, and, if anything, attended with far more danger to true homœopathy than either of the others. These belong to the class in which the author singles out one apparently high potency, and gives that special prominence, although he may have unsuccessfully treated scores of other similar cases, of which no mention is made. He was surprised himself, it may be, at the result; by its recital, however, he finds himself possessed of a sensible increase of self-gratulation at his accomplishments. He has contributed to the medical literature of the day, the fact of a reputed homœopathic cure of a rare and interesting case, without a thought as to whether the result will prove harmful or beneficial to the cause of true homœopathic therapeutics.

There are other cases of this class, in which, like the cures wrought upon the late Dr. Dunham, Dr. Skinner, of Liverpool, and that of my friend and co-laborer on the committee on high potencies, Dr. Latimer, in each of which single remedies of a high potency were used, the change from disease to health being as sudden as it was astonishing and mysterious.

These psychic cases must necessarily remain mysterious until knowledge is greatly increased regarding the influence of mind over matter, whether exerted by the patient, the physician or a third party unknown to either. These cases are so closely allied to the famous mind and faith cures of the present day, that it is difficult for those who have no confidence in the homœopathicity of high potencies to believe that these were homœopathic cures.

These alleged cures are akin to those that have been repeatedly published, showing an ability on the part of a patient to invariably detect the presence of a few pellets of some particular homœopathic remedy, whether informed of the presence of the medicine or not, even in the very highest potencies, the patient being able to indicate among blanks, the numbers of the powders or vials containing the medicine.

The presence of this power trenches so closely upon the allied mind-reading ability of some persons, that it is easy to perceive that it is traceable to some psychological condition, the patient being prepared to receive impulses though inert media, or unconsciously from the mind of the physician.

An instance came to my knowledge many years ago, during the Mexican war, which forcibly illustrates the psychic powers that some persons are

capable of exercising. A commission merchant, becoming anxious regarding the safety of one of his coasting vessels, appealed to a clairvoyant for information, and was assured of the safe return thereof; and was also informed that two windows had been cut in the stern of the vessel, which fact was verified by the captain on his return home two weeks after.

In this instance the mind reader, through the owner of the vessel, was able to put himself in communication with the captain, who was twelve hundred miles distant. The vessel had been detained by carrying government supplies for the army, from New Orleans to Vera Cruz, and being becalmed in the gulf two port holes were cut through the stern to promote ventilation, the weather being oppressively hot.

These reports of rare and isolated cases are also a source of excessive danger to homœopathy, on account of the fact that they entirely preclude the possibility of obtaining an average percentage, all the single cases being reported as cured. There is no opportunity afforded for analysis or comparison, by which alone the reports of truly homœopathic cures, if any are found, can be separated from the spurious non-homœopathic ones.

It is pertinent, also, as showing the trend of high potency homœopathic physicians, to call to mind the fact that Dr. Maria B. G. Eddy, of Boston, states in her recent work on the science of metaphysical healing that she was prepared by her previous high potency experience, to inaugurate and develop the system of mind and faith cure.

The simple fact is, these cases of alleged cures by high potencies, afford no reasonable or convincing evidence that homœopathic agencies have had any influence whatever in bringing about a restoration to health, except, it may be, the promotion of a favoring mental condition on the part of the patient, where such an impression is possible.

IDIOSYNCRATIC CASES AFFORD NO RELIABLE EVIDENCE OF THE HOMŒOPATHIC ACTION OF HIGH POTENCIES.

It is often claimed that the extreme susceptibility of some persons to high potencies is of idiosyncratic origin. Admitting this assumption, are we thereby furnished a supporting argument in behalf of the homœopathicity of high potencies? On the contrary, an idiosyncrasy being something out of the ordinary lines of normal action, a reliable system of therapeutics cannot be safely founded thereon.

ALL REPORTS OF ALLEGED HIGH POTENCY CURES SHOULD BE SUBJECTED TO RIGID EXAMINATION AND UNIFORM TESTS, BEFORE BEING ADMITTED FOR PUBLICATION.

In the absence of any provision, on the part of the society for protecting itself against the pernicious tendencies fostered by the reports of these fictitious cases, it would appear to be necessary to challenge every such report, and then, if possible, prohibit its publication in the transactions of the society, unless it be found in accord with certain recognized standards of requirement.

It is to be hoped that the society will, at some future time, put a final quietus upon this perplexing and troublesome matter, and protect itself and true homœopathy from the risks and dangers to which it is continually being exposed, by enacting a prohibitory declaration limiting the range of true homœopathic action to rational boundaries.

In the absence of such qualifying declaration, however, let us insist that these reports shall hereafter be subjected to uniform tests of requirements, to be established by a committee on high potencies, to whom all such reports shall be submitted for examination and approval before being accepted for publication in the transactions of the society.

The society has at last awakened out of its lethargy, and has taken one step in the right direction.

In order to obtain reliable data upon which to predicate intelligent action, a committee on high potencies was appointed two years ago. The committee was directed to obtain reports of cases treated by high potencies under such restrictions as to exclude all curative influences other than homœopathic; the proposition being that if this can be accomplished, particularly if large numbers of reports of cases, similarly treated, can be obtained, it can be determined, approximately at least, whether the ratio of cures under high potency medication is greater than natural averages without treatment of any kind; in other words, whether the cure in any given case is traceable to high potencies or something else.

By all means let this work be continued from year to year. Let the committee secure all obtainable data bearing upon the question, and report its proceedings from time to time, as it may be able.

There is no form of work in which we can engage that is more important than this; none that involves so much of good or evil to the future of homœopathy and the prosperity of this society.

THE REMOVAL OF FALSE HOMŒOPATHY THE DUTY OF THE HOUR.

Gentlemen,—In the foregoing statements, I have endeavored to set forth, in plain language, one of the more prominent failings of our school; not, however, without some misgivings as to the meaning that will be attached to my words. It is a subject that has given me many an anxious hour. I have endeavored to deal gently yet firmly with this subject, for the reason that only one or two of the original members are here, and only four or five of the founders still remain. If those worthies who entered with me upon this nearly completed forty years' pilgrimage were now present, I would have made use of severer censure. I am not disposed, however, by any means to excuse the present membership of this society.

I look upon the speedy removal of this stain upon our banner as *the duty of the hour*. Let the exercise of discretion, firmness and sound judgment remove the hideous incubus that has so long held controlling sway; do not, however, postpone, through indifference or dread of censure, such decisive action as is plainly required in order to promote the permanence and more rapid development of the homœopathic system of practice.

AN UNFORTUNATE FEATURE OF CLASSIFICATION IN THE TREATMENT OF THE INSANE.

BY HENRY R. STILES, A. M., M. D.,
HILL VIEW, N. Y.

THERE is, in the recent most admirable report "On the Care of the Insane," made in July last to the National Conference of Charities and Corrections, by Dr. Stephen Smith (late Commissioner in Lunacy of the State of New York), chairman of the Committee on the Commitment and Detention of the Insane, a proposition (No. 22) which is well worthy the consideration not only of those who are in direct charge of the insane, but of the profession generally, as well as of the friends of insane persons.

It is this: "Institutions for the insane should be so planned and organized as to permit of the largest necessary classification of the patients, *but the terms 'chronic' and 'incurable' should be avoided if possible*. It is a fact well attested by experience that recovery from insanity, except in cases of organic diseases of the brain, is largely influenced by the conditions which surround the patient. *The terms 'chronic' and 'incurable' should rarely be used in or about an asylum, nor customarily be employed to designate patients and divisions of the institution.* The

insane realize, often acutely, the significance of the terms, and are greatly disturbed and depressed by the belief that their cases have become hopeless when they are thus classed."

The classification of certain cases as "chronic" and (therefore?) "incurable," and the setting aside of certain asylums for the special care of such, has naturally had its origin in *economic* reasons; but, it is an open question whether the results obtained are altogether satisfactory. Is it not possible that the "too much of a muchness" which prevails in an asylum full of chronic cases, defeats even the object of such aggregation?—that the dead level of apparent hopelessness in such a collection of cases, would not be stimulated and somewhat relieved by a judicious admixture with cases of a more active kind? In what does the healthier atmosphere of ordinary every-day social life consist, if it is not in its *variety*—its mixing up of all sorts of characters and influences—some of them not what we would consider altogether good or healthy—yet presenting an effervescence, a vitality, which is quite necessary to our social happiness. Why then should those who, by the rigid legal construction of the term "chronic," or the *fiat* of a careless, or not too patient physician have been pronounced "incurable," be necessarily herded together in an atmosphere of impenetrable hopelessness?

How is it known that they are *all* "incurable?" Are we doctors always infallible in our prognoses? Do not cases get well in spite of us—after we have been willing to stake our professional reputation that they never can be cured? I have known of several cases—so-called "incurables"—who are now perfectly restored and centres of happiness to their families. I remember one asylum case, a lady of refinement, suddenly thrown into deepest melancholia, by long continued watching over and death of her two children. For four or five years she was a pitiable spectacle, giving no signs of knowledge of, or interest in, anything around her; standing constantly in one place, speechless, except for the one word "Muddie" (her dying child's last word); her head bowed upon her breast; dependent entirely, as a babe in arms, upon the ministrations of attendants for the simplest wants of nature—utterly and apparently beyond all human hope or help—yet—one day—a change came—and she now is a happy wife and mother again.

One of the leading alienist authorities of Great Britain, Dr. Geo. H. Savage, of the Bethlehem Hospital, London, says: "The older I grow and the more cases I see, the less dogmatic do I become, in giving absolute opinions on the incurability

of insanity, as seen coming on in young middle life.

"I have seen cases discharged recovered and remain well after being insane and in asylums over twenty years. I have seen an intellectual second summer arise when perpetual winter was certainly to have been expected.

"With such experience, I should myself, if called to give an opinion as to the absolute incurability of a case—only feel justified in giving it, where general paralysis, senile dementia and idiocy were present, for even epilepsy may pass off in time."

Such cases are, indeed, not so rare as is generally supposed.

But, where so many cases are necessarily entrusted to state, or to county care, from *economic* considerations purely—so long there will probably be a strict construction to the limit (two years) given by the state law to the term "chronic." It may be that, in the inscrutable working of God's ways, though unrecognized by physicians and attendants in charge, the patient may be within a few days, or weeks, or months, of a change for the better; the "time is up" and he is remanded to a Chronic State Asylum, or to a County Asylum where the Overseers of the Poor can figure his "cost of keep" down to \$1.50 per week—and his last chance of recovery is lost!

As Dr. Smith has well said, the "insane realize, often acutely, the significance of the terms, 'chronic' and 'incurable' applied to them, and become depressed by the implication that for them all hope is lost. Who can tell the agonies with which these poor beclouded minds are weighted!"

But this is not the only evil connected with this too common habit of looking at patients as "chronic" and "incurable." *It dulls the sensibility, lessens the interest and deadens the activity of the physician and attendants in charge.* Hope—that mainspring to all efficient endeavor in life—is killed in the hearts of those in whose hands (humanly speaking) rests all chance of benefit to the patient. When doctors, friends and attendants have allowed themselves to believe that "nothing more can be done"—then all service becomes purely perfunctory. And this is why we join with Dr. Smith in the wish that these terms, "chronic" and "incurable," could be practically abolished in the phraseology and classification of asylum life; and that all who have anything to do with the insane would school themselves to drop the terms—even in their thoughts.

CLINIQUE.

A CASE FROM PRACTICE.*—COLCHICUM IN DIARRHŒA. PASSIFLORA INCARNATA IN INSOMNIA.

BY W. J. MARTIN, M. D., PITTSBURGH, PA.

A MONK, of the order of Passionists, was taken four weeks ago with diarrhœa. Being of a very constipated habit he gave the diarrhœa no attention for a week, thinking rather that he might feel better afterwards. But after two weeks, the diarrhœa being worse and feeling weak therefrom, as well as much inconvenience and pain, he placed himself under the care of a "regular" physician. After two weeks' treatment by the "regular" physician he was no better, was becoming very much exhausted, and had lost in weight, since the beginning of his illness, 35 pounds.

Having, some years ago, while residing in the vicinity of New York City, been cured of some ailment by Dr. Gray, he felt ever afterwards favorable to homœopathy, and concluded now to call it to his aid again, and consulted me.

The stools he described as watery and very frequent, with aggravation from motion and eating, some griping before stool and soreness of abdomen. After every stool he feels much exhausted. There is present a most distressing nausea and inclination to vomit, and when he goes to his meals the smell of food makes him so sick that he must leave the room and vomit.

The last symptom decided the choice of the remedy. I gave him colchicum, seven powders, a powder to be taken every four hours. The next day he reported to me that after the second powder was taken he went to sleep and awoke sweating very freely and feeling much better; the soreness and pain in the abdomen had all gone and he was free from nausea. He went to the refectory at noon, and ate and enjoyed dinner. The bowels move occasionally; the movements are thin but less painful and less exhausting. Colchicum was continued, a dose to be taken after every diarrhœic stool. In a few days he was well.

He remained well but a short time, and I was called again to see him, and found upon inquiry, that while he was weak and needing rest, he had been visiting and administering spiritual comfort to some bad cases of typhoid fever, and was now suffering from a return of the diarrhœa. The symptoms of his case now were a feeling of great prostration with restlessness, burning pain in stomach and bowels, great thirst and aggravation

of pains and diarrhœa from the drinking of water. Under arsenicum and enforced rest he speedily recovered again.

Now comes the most interesting, and, to my mind, valuable part of this clinical report. For many years this patient, who I might say is a monk of the intellectual type, has been a sufferer from what has been diagnosed as chronic meningitis. The history of the trouble in brief is that during the early years of his monastic life he had suffered from some cerebral affection, attributed by his medical advisers to over-study. For more than a year he was obliged to refrain from all mental work and spend most of his time in quiet travel. He recovered insomuch that he was able to resume his studies and duties, but was a constant sufferer from headache and insomnia. He requested me to try what I could do for the insomnia. I prescribed *passiflora incarnata* tinct., ten drops to be taken when retiring, and the result has been marvelous and all that could be desired. He retires at 9 p. m., having first taken his ten drops of *passiflora*, goes promptly to sleep and does not awake until one o'clock, at which time they are all called and engage in some religious devotions until half-past two o'clock. He then retires again and sleeps soundly till six o'clock, awaking each time refreshed and with a clear vigorous intellect. His headache is less now than when he could not sleep.

The use of *passiflora incarnata* was suggested by the following in regard to the properties of this remedy in Hale's New Remedies: "It produces a quiet slumber from which the patient may be wakened up, and he will talk to you as rationally as he ever did and immediately relapse into his slumbers."

Besides the case of the Catholic priest, I have used it in one other case, that of a young lady who after recovering from a mild attack of typhoid fever could not sleep at night. The *passiflora incarnata*, ten drops of the tincture on retiring, was followed by a good night's sleep every time.

KIDNEY INFARCTION WITH CLINICAL CASES.*

BY T. M. STRONG, M. D., WARD'S ISLAND.

WHEN a terminal artery in the kidney is occluded by an embolus, the tissue of the affected region usually dies, and there may be an extravasation of blood by diapedesis, and we have, in consequence, the formation of a dark red solidified area, called an hæmorrhagic infarction. The extent of the hæmorrhage may

* Read before N. Y. State Soc., Semi-Annual Meeting, Syracuse.

* Read before the N. Y. State Soc., Semi-annual Meeting, Syracuse.

be limited or profusely spread over the whole arterial region. The area affected will correspond with the region supplied with blood by the occluded vessel, and is usually more or less wedge-shaped, occupying a very small spot, or it may comprise a great portion of the cortical or medullary structures. The whole tissue may be of a uniformly deep red or spotted red, or of a grayish white. Later the infarction may become discolored, passing from red into yellow and then into white, inflammatory changes, degeneration and absorption, may occur, and a mass of cicatricial tissue alone indicate the seat of the infarction, which frequently contains more or less pigment.

In other cases instead of an extravasation the region may be deprived of nourishment and undergo necrosis. The affected area is then usually lighter in color and is called a white infarction. The infarct is, according to Litten, produced from the capillaries by stagnation of the circulation in them and the veins. The hæmorrhages come from the interlobular capillaries, but it is also extravasated by the glomeruli in the intracapsular space and the tubules may also become filled with blood.

The two following cases are of interest on account of the infarct of the kidneys, which, of course, was only determined at the post-mortem examination:

C. V., age 50, married, German, blacksmith, was admitted to the Ward's Island Hospital on February 18, 1884, suffering with bronchitis and sub-acute pleurisy. He was of irregular habits, but had never been sick before.

Previous History.—About fourteen days before while overheated, he drank copiously of cold water, and afterwards went into a cold, damp room, where he got his feet wet, and became thoroughly chilled. The next day he was very short of breath, coughed frequently, and expectorated clotted blood. There was loss of appetite and subsequent weakness. There was fever at nights, but at other times chilly.

The condition at the time of admission had not changed.

The *physical examination* showed him to be of good physique and well nourished. Vital capacity of chest diminished.

Palpation.—Vocal fremitus absent over right infra-axillary and infra-mammary, and infra-scapular regions.

Percussion.—Flatness in the regions of diminished fremitus.

Auscultation.—Subcrepitant and sonorous rales heard over most of left chest (evidently an old condition). Subcrepitant rales heard just above the region of flatness on right side. Absence of vocal resonance in the same region. On bending com-

pletely forward vocal resonance can be heard below and behind, but is lost when an erect position is assumed.

A murmur with the second sound of the heart is heard with maximum of intensity at left third sterno-costal articulation. There is an intermission at every third or fourth beat, but no change in the force of the impulse.

The patient grew rapidly worse, cough and expectoration increased, could eat nothing, œdema of the lungs set in, and he died on February 28.

Autopsy. Body.—Rigor mortis well marked. Body well nourished.

Heart.—Pericardial sac adherent throughout with granulation tissue; no effusion. Walls of the heart flabby, but muscles firm. Left auricle dilated, mitral valve thickened and contracted, tendons enlarged and thickened, also hypertrophy of papillary muscles. Aortic valves thickened, and two of them with calcareous plates at their bases. On right side the pulmonary valves were congested, granulations on cusps of the tricuspid.

Lungs.—Right pleural cavity contained about 13 ozs. of sanguin-serous fluid with pleuritic adhesions superiorly, laterally, and posteriorly, with recent granulation tissue. Right lung, upper lobe slightly congested at the apex, completely collapsed inferiorly, middle lobe entirely collapsed, lower lobe upper portion collapsed, with marked hypostatic congestion in the lower portion. Bronchial tubes inflamed and containing purulent mucus. Left lung, no adhesions, slight emphysema, otherwise normal. Bronchial tubes in the same condition as the right.

Liver.—This was pressed forward and downward towards the left, covering nearly the whole of the stomach, the lower border extending down to umbilicus. The hepatic veins engorged with blood, of watery consistency. The whole organ presented the appearance of the nutmeg or cardiac liver.

Spleen.—Adherent to diaphragm and pancreas; capsule thickened and the whole organ cirrhotic.

Kidneys.—Left kidney; general congestion, with two large zones of fatty degeneration resulting from infarctus.

Right kidney; capsule non-adherent, with the same general condition as in the left.

Stomach.—The stomach was pressed to the left with inflammatory zones over mucous membrane. The upper portion of intestinal tract deeply congested, the lower portion to a less degree.

Death certificate: Right sided pleurisy with effusion. Chronic pericarditis.

J. C., age 18 years; married, domestic, was admitted January 7th, 1888, with incipient phthisis

and chronic tonsillitis. Her father and mother died of consumption. Mode of life regular and temperate. Previous diseases had been those of childhood only.

Previous History.—Has had for the past four winters, beginning the first of January and lasting about four weeks, attacks of tonsillitis. The tonsils would gradually enlarge until they would almost meet in the center of the throat, causing dyspnoea and other disagreeable symptoms. Simultaneously with the above symptoms, the glands in the neck, submaxillary and parotid, would become swollen, and remain so until the cessation of the tonsillitis. For the past six weeks she has had a slight hacking cough without expectation. No menstrual irregularities.

Examination on admission showed the above conditions fully present. Appetite poor, although she could not eat on account of the swollen tonsils. Tongue heavily coated. Waxy, anæmic appearance of the skin. Numerous comedones on the face. The patient was small and of delicate physique.

Vital capacity of chest slightly diminished, with a slightly high-pitched resonance over the left infra-clavicular region. There was a somewhat diminished vesicular murmur over the left infra-clavicular region, with prolonged expiration. No rales. Heart's action weak. The swollen glands of the neck were hard and movable. On inspection of the fauces, the membrane presented a dirty-white colorless appearance. The tonsils were enlarged almost to contact, and presented the same bloodless appearance with the rest of the cavity. Lips and gums pale and cadaveric in appearance. She says the glands have swollen thus every year, at this time, for the past four years, and then would entirely disappear. Although the statement was repeated it must be taken with some doubt as being an accurate history.

The patient was given a milk diet, and received merc., binoid., arsen., iod., calc., iod. and other remedies. She failed progressively in strength, since there was the persistent inability to eat. On the day of her death, although very weak, still her condition was not considered alarming. She got out of bed to go to the water closet, fell at her bedside in syncope, and died in a few minutes.

Autopsy.—The post-mortem examination was held on February 4th, twenty-seven hours after death.

Body.—Rigor mortis partial.

Heart.—The largest part lay to the right of the median line. On raising the pericardium for section, the upper and anterior two-thirds, was found to be enlarged or thickened by a hard infiltrated growth, of about one and one-half inches

in thickness, and extending laterally about four inches, perpendicularly about three and one-half inches. The external appearance of the pericardium presented a light pinkish or pearly tint. The enlarged portion cut like cirrhotic tissue. The pericardium and heart weighed 19 ounces, pericardial fluid, 7 ounces and the heart proper, 8 ounces. The valves were competent and the muscle normal.

Lungs.—Right lung weighed 13, and the left one 15, ounces. Both lungs were normal in texture, but presented a peculiar mottled appearance like Tennessee marble, with edges discolored, or of the pearly color already mentioned. Some general œdema.

Liver.—Weight 56 ozs. The left lobe was enlarged, and the right contracted. The tissue was fatty in the enlarged left, but of firmer consistency in the contracted right, lobe. Both presented areas of discoloration.

Kidneys.—Left, weight 9 ozs. The organ presented the general appearance of the large white, fatty kidney. The cortical substance was increased, with some diminution of the medullary portion. Externally the kidney was dotted over with numerous hæmorrhagic infarctions. These extended into the tissues, and when cut had the appearance of fatty degeneration with deep blood staining.

Right, weight 3½ ozs. Atrophied and hard, medullary substance lessened, pelvis enlarged, cortical substance increased and of a deep reddish purple color throughout, showing extensive hæmorrhages into its tissues.

Spleen.—Weight 8 ozs. Enlarged and tissues giving a sensation of resistance when cut, but breaking down with moderate firm pressure.

Abdomen.—Deep congested appearance of the intestines in region of, and above the ileo-cæcal valve, for the space of one foot, involving also the mesentery.

Ovaries.—Slightly enlarged and pale. Many glands of the thoracic cavities enlarged.

Death Certificate. Hodgkin's disease and heart failure.

There was, as will be noticed, a peculiar alternating condition of fatty degeneration and cirrhosis in the numerous organs. The zones of discoloration were very marked features, presenting conditions which I have not seen in some 300 cases of post-mortem examinations held at the hospital. I am indebted to Dr. C. F. Ring, of the House Staff, for the notes of these cases, Drs. Root and Fay being the House Physicians.

Colored illustrations of the kidney infarcts of these two cases were exhibited.

The New York Medical Times.

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EVOLUTION OF EVIDENCE.

THE aim of the physician who would be something more than a mere routine prescriber, is to so look at and weigh evidence as to establish in his mind as clearly as possible the facts, the principles, and laws of the subject under consideration. To him the science of medicine is not something finished and complete in all its parts, admitting of no change and no expansion, but subject to revision and alterations, as investigations prove the falseness or insufficiency of old evidence and of what was supposed to be well-established facts. In the review of evidence we naturally take into consideration the age, the habits of thought, and the circumstances which led to its evolution. What might be acceptable as unanswerable evidence to the cave dwellers and the inhabitants of the stone age, might not be worthy of credence in the succeeding period of time. The system of philosophy of Plato, of Socrates, and Aristotle, infinitely in advance as they were of the ideas which preceded them, and containing much of beauty and truth still, as systems of philosophy, have been modified and changed with advancing thought, and the evolution of evidence of succeeding ages. This, it will be seen, is in direct obedience to the natural process of development, for if creation, in its millions

of suns, its unnumbered worlds, its minute organizations, and atoms so small as to be imperceptible to the naked eye, yet each one containing the principle of life and action, is ever evolving higher and more perfect structures in obedience to its own laws of development, the human mind, its machinery set in motion by the same spirit of life, when uncontrolled by morbid influences which derange healthy action, and is free to act independent of the dictates of party or state, advances step by step towards a more perfect understanding of the laws of life and the changes produced in the physical and mental structure by their violation. Thus, the mind may reject today as evidence what was conclusive yesterday, for some new fact may have been developed which renders the conclusions previously formed untenable. Sulphur has been classed among the elementary substances, and yet the seeds of vegetables containing sulphur have been planted in soil in which, as well as in the seeds, a careful calculation has been made of the amount of sulphur contained. This has been covered with a glass receiver, and the air and water introduced purified from all foreign substances. The vegetables thus produced have been found to contain sulphur largely in excess of that originally contained in the soil and the seeds. A current of electricity passing through pure oxygen splits up the oxygen in some way so as to give us in ozone an active modification of what was formerly supposed to be an element. It would be strange if this evolution of evidence did not enlarge our views as it regards the nature and action of these substances. It is difficult to break away entirely from the lines of thought and the habits of investigation in which we have been educated; and this can only be done gradually, as the intellect becomes more and more emancipated from the reasonings and conclusions which were the legitimate outgrowth of evidence thus developed, but which further consideration gradually shows to be based upon wrong, or only partially, understood premises, and therefore valueless, except, perhaps, for the modicum of truth they may contain, and the fact that possibly they may be a step in the right direction. In theology for centuries the Roman Catholic Church claimed to be

supreme. It ruled the Christian world with a rod of iron, and held it immovable in a grasp of steel. There was no freedom of thought in religious matters, but a slavish subserviency to the dictates of the church. Who will now deny, except, perhaps, the church itself, that in the departure of Luther and Melancthon and Zwingle, new lines of thought have been evolved in the freedom of discussion which has opened to us more and more the arcana of spiritual life, and given us higher and more harmonious conceptions of God and his works and of man's great mission in life. And yet, possibly, the centuries of feudalism in church and state may have been necessary in periods of semi-barbarism to hold the masses to certain great principles of truth, out of which were gradually evolved a larger freedom and an ever expanding idea of the duties and the needs of life.

In the breaks into the lines of the old material faith of the medical world made by Paracelsus, and more especially Hahnemann, new elements of thought were introduced and new paths of investigation marked out; but are the scientists of to-day, with their increased knowledge of pathology and nerve force, with the almost illimitable power of sight derived from the telescope, the microscope and the spectroscope, likely to find in every instance the evidence of a century, a half century, or even ten years ago, satisfactory at the present time? The Old School has already given up, in the presence of an ever-increasing development of facts, the principle of "*contraria*" as a universal law, which ruled the medical world for centuries, and at which Hahnemann struck such telling blows. The New School, in the new evidence produced by the spectroscope and the microscope, has been obliged to drop from its list of active drug agents the higher attenuations, and in the light of the germ theory to trace effects to causes which cannot always be reached by the simillimum, however accurate may be the symptomatology. The effects of ptomaines and leucomaines, the bacteria and bacillus which may swarm in the excretions and in the living tissues, simulating the toxicological action of well-known drugs, require a broader line of investigation than that of symptomatology, even aided by a careful

study of pathology. The law of evidence is plain and simple, and should be met in every case with frankness and candor, however much it may overturn preconceived theories or conflict with popular ideas. When the physician can stand with mind and intelligence keenly alive to the evolution of facts, weighing them in impartial scales and estimating them at their just value, he will reach that higher plane of professional thought and action, and merit the approval of his own conscience as well as that of the public.

PROFESSOR PROCTOR'S DEATH.

A FEW days since, when every one was looking with the most intense interest to the morning papers for news from the yellow fever center at Jacksonville, the entire community was startled by the announcement in the strong head-lines of the daily press that a death from yellow fever had occurred in our midst, the victim being the distinguished and popular astronomer, Professor Proctor. The following day a statement was given to the public by Mr. Bayles, President of the Board of Health, which we give below:

"Professor Proctor reached New York on Monday morning with a certificate that he had not been exposed to yellow fever, and came from a district free from it. He was indisposed on the cars, suffering from nausea and general discomfort. Being much fatigued, he went to his room at the Westminster Hotel, and soon summoned a physician, Dr. Conant, formerly a medical inspector of this department. The disease gradually took definite shape, and on Tuesday, it having presented recognizable symptoms of yellow fever, warranting a grave suspicion of that disease, this department was notified, and the Chief Inspector of the Bureau of Contagious Diseases saw the case, pronounced it probably yellow fever and immediately reported the matter to me. The patient was by that time in very bad condition and threatened with heart failure. Recognizing the importance of the case and the need of good advice, I consulted Dr. Jacobi, president of the Academy of Medicine and acting chairman of the committee of that institution appointed to co-operate with the Board of Health. He considered the case one of unmistakable yellow fever, but pronounced the patient too sick to be moved at once. Medicines to stimulate the heart were administered by hypodermic injection, and by nine o'clock on Tuesday his condition was much improved. The night was

stormy, and it was not until midnight that the patient's condition and the cessation of the rain permitted his removal. He was judiciously handled, arrived at the Willard Parker Hospital in fair condition and rested comfortably until morning. On Wednesday the relapse occurred, as was feared, and he continued insensible until 7:15 P. M., when he died.

"I have pleasure in assuring you that everything possible was done to save the patient's life and make him comfortable."

After the body had been removed to North Brother Island a reporter called upon Dr. Priest at the hospital, who was with Professor Proctor from the time of his arrival till that of his death. In reply to a question of the reporter, Dr. Priest said:

"Yellow fever is not contagious in the ordinary sense. It is not communicated by mere contact with the person afflicted. The germs must go through a secondary process of fermentation before they become contagious. It was not at all necessary to send Professor Proctor's body to North Brother Island, but it was done to allay any panicky feeling that its presence in the hospital might cause."

We are informed by the friends of Professor Proctor that he had malarial trouble for five or six weeks before he came North, but for three or four days before he started had been apparently free from it. At Richmond he wrote to his wife he had just had a sharp chill. He had not been exposed in any way to yellow fever, and his friends insist his attack was one of malarial fever, a continuation of his old trouble, but intensified by the fatigue of travel and the confined air of the cars. But even admitting it was yellow fever, which was certainly not substantiated by the autopsy, and is at variance with the previous history of the case, was it humane, was it wise, was it just to the patient or necessary for the safety of the community to remove him in the middle of the night, after a violent storm, when the air was full of moisture, at a period of his disease which, if it was yellow fever, every one familiar with it knows that the slightest exertion or exposure to atmospheric change is almost sure to be followed by fatal results? If Dr. Priest's statement is correct, and it is in accordance with the most advanced investigations upon the sub-

ject, what was the necessity of removing the patient; and, on the contrary, did not his removal more endanger the health of the community than if he had remained quietly in his room, where the poison of the excretions could have been neutralized by proper chemical means and every trace of fever germs in the room effectually destroyed? The patient could have been just as much isolated, so far as any danger of spreading the disease was concerned, in his room as if he had been a hundred miles from any human habitation. Dr. Priest says that the body was removed to North Brother Island to allay any panicky feeling that its presence in the hospital might cause. Was not the living body removed from the hotel at the dead of night, immediately after a violent storm, more on account of the panicky feeling that its presence in the hotel might occasion than from any real danger of contagion? Science does its duty when it prevents a panic by a clear, frank statement of facts much more effectually than in any attempt to defer to a sentiment based upon ignorance, and which may lead to fatal results. Has science done its whole duty in this case, and is the Board of Health quite satisfied with its share of the work?

PRESIDENT BAYLES of the Board of Health recommends, in a recent letter to the public through the daily press, as a disinfectant cheaper and more efficient than any known, bromine, in solution, of a pound to 100 gallons of water. There is no doubt but a solution of the strength named will prove not only an efficient disinfectant in cases of yellow and typhoid fever, but also for general use; but great care should be taken in its preparation or unpleasant results may follow. The extremely volatile nature of the drug is well known to all who are accustomed to handle it, and the careless opening of a bottle might lead to unpleasant, if not fatal, results. As bromine is soluble in thirty-three parts of water, the weak solution of one pound to 100 gallons of water would not only form a safe but an exceedingly cheap disinfectant, and, as Dr. Terry and other eminent surgeons have demonstrated, prove a most efficient germ destroyer used in surgical dressings.

SIR MORELL MACKENZIE'S history of the illness of Emperor Frederick, of Germany, will soon be published in England, and shortly after issued in this country. As so much has been said by the German physicians, and so many charges made against Dr. Mackenzie, that his own statement of the case will be read with great interest. The work is divided into three parts. The first part will be devoted mostly to the home life of the prince, his habits and views of social and political questions. The second and third parts the diagnosis and treatment will be given, with sharp criticisms upon the course followed by some of the German physicians, and the distinct charge, which he attempts to support by the history of the case, that the violent and unskillful treatment of the German surgeons produced the cancer which finally terminated life. Dr. Mackenzie holds an able and sometimes a caustic pen, and the revelations of his professional connection with the late Emperor will form one of the most spicy and interesting chapters in the annals of medical literature.

THE FIRST triennial meeting of the so-called Congress of American Physicians and Surgeons was held in Washington, September 18, 19 and 20. About four hundred were present, representing different societies from various parts of the country. A reception was given to the congress Wednesday afternoon by the President and Mrs. Cleveland, and there was a social reunion of the members and their invited guests in the building of the Army Medical Museum after the address of Dr. Billings, the President.

THERE is a strong tendency in the medical mind to overestimate the usefulness of new drugs which have proved highly valuable in certain conditions, and assign a wider field of action than after-experience warranted. When salicylic acid was first brought to the notice of the profession, its power as a food preservative and as a check to fermentation of wines was at once utilized by the wine makers and the preservers of meat to a great extent; but long-continued experience showed it to be so prejudicial to health that its use for the purposes named was interdicted by the French Government. A report upon saccharin

has recently been presented to the French Academy, prepared by Dr. Dujardin Beaumetz, that the long-continued use of this drug by diabetics is very likely to be attended with serious disturbance of the digestive organs. The fact that saccharin is not a food substance, but is eliminated through the excretions unchanged, shows that its long-continued use in diabetes may be attended with unpleasant results.

THE TOWN of Pullman is an illustration of what scientific sanitation and intelligence and honesty in directing the affairs of a city will accomplish. Located but a short distance from Chicago, with a population of 12,000, the drainage and cleanliness of the town are so complete, the facilities for healthy amusement and instruction so abundant, with an entire absence of liquor establishments, that in 1887 the death-rate was only 9 per 1,000, the previous year only 8, and this year it will be still less, against 26 per 1,000 in the city of New York. The secret of this wonderful showing is that Pullman is under the control of a one-man power, the Pullmans, who are autocratic in the management of the affairs of the city. This is just what we need in New York, an autocracy, with the lines of every department of the city government in the hands of one man, who would be solely responsible to the people for honest and intelligent administration. A few years of an administration of this kind, entirely divorced from party politics, would give us reduced taxation, reduced death-rate, a reduced crime-list, and one of the cleanest and healthiest cities in the world.

TRADE OR PROFESSION?

Under this title, the *Boston Medical and Surgical Journal* quotes from an address delivered before the Maine Dental Society, by Dr. Horatio C. Merriam, in which is discussed the question whether dentistry is a specialty of medicine or whether it is a trade.

What would be thought of Dr. Bigelow, the address asks, and how would his name go down in the history of medicine if he had asked or received from his brothers a royalty for each time they had performed his operation for stone, or sold his instruments so that they could be withdrawn from competing with those already in the market? Or even patented and received a revenue on their sale? Would a

dealer even venture to approach such a man with a proposition to buy his instruments so as to control their sale? Yet these things are regarded as legitimate and proper in trade but they are condemned in medicine, for the reason that methods honorable in trade may yet be discreditable in a liberal profession. The condition of the general medical profession as shown by such an example differs widely from the position of the dentists, and the author gives various examples of an opposite course of conduct. "A large house has acquired control of all patents on the dental engine, and is thus at liberty to manufacture such only as it may wish, and place its own judgment instead of the professions." "A dental chair, the invention of a dentist, had been bought and withheld from the profession." "I heard within a few months of a hand-piece that a manufacturer had bought for five years, and had thus for five years prevented its coming into competition with those of his own make." "A short time ago I was told of a dentist who took to a manufacturer a form of tooth he had invented. The manufacturer looked at it, then opened a drawer and showed by drawings that he already had the invention in his possession." "Many of our journals are published and controlled by dealers, and often contain articles in the text advertising materials for sale by their publishers. We often see recommended or offered for sale to the profession articles and medicines, the formulas of which are not given."

"Our dealers have also formed a combination and propose to decide who shall conduct our supply business, whose gold they shall sell you, whose material they will or will not keep, through what firms you shall order their goods, and they are able to take orders for only such goods as the combination chooses to offer. They may have the power to interfere with the delivery of an instrument you have ordered if it infringes on a patent held by them."

The author then goes on to say that "they are perfectly right in all that they do or have done if dentistry is a trade and we are tooth carpenters—the brother who sells his invention instead of bringing it before his society, is the one to blame, not the dealer who buys it and shelves it to his advantage. Surgical instrument makers would soon learn to do this if the medical profession would permit."

The fact that the onus of such a condition is the fault of the profession and not of the dealers, is enforced by the question, what would be thought of a Cheever or a Hodges or any leading surgeon who would do such a thing as patent and sell his inventions? Yet it would be right if medicine were a trade and they repairers of the clavicle and menders of femurs.

These extracts (the *Journal* thinks) present so forcibly the distinction between a trade and a profession, that they may well be pondered by the Medical Profession at large. If at times it seems a little unfair that one's improvements on surgical apparatus should not directly bring in a fixed in-

come, the opposite condition when everybody should exact royalties and conceal the composition of all new remedies, is too horrible to contemplate—and between perfect freedom on the one hand and patents and copyrights on all new inventions on the other, there can be no middle ground. It is certainly entertaining and instructive to contemplate the unpleasant position which might be, were the general profession to suddenly overturn its present lofty ideal and become a trade.

It would be pleasant to believe the statement as to the position of the dentists an exaggerated one, but as a warning it is perhaps not useless nor entirely needless.

THE ANESTHETIC REVELATION.

Within a few years it has been discovered that sulphuric ether often produces a most singular effect on the mind of the patient or experimenter who has inhaled it, giving rise to what has been called the "Anesthetic Revelation." Just as the experimenter recovers from the anesthetic, and before wide-awake consciousness fully returns, he has an intense perception of what seems to him at the time the philosophic secret of existence—the true explanation of the universe. This singular impression, though intense, does not last long, and in spite of the subject's strongest effort to carry the revelation out into wide-awake consciousness, he finds himself unable to do so, but is left full of awe by his strange experience, and wonder at the nearness of the solution which for so many ages has been sought so far a field. The present brief account has been gathered from the literature of the subject, which grows yearly. Mr. Benj. Paul Blood, of Amsterdam, N. Y., the discoverer of the phenomenon, originally made it known to psychologists in a pamphlet entitled *The Anesthetic Revelation*, and he has since discussed its philosophical bearings in the *Journal of Speculative Philosophy*, Jan., 1886. The most scientific account appears in the *Therapeutic Gazette*, for August, 1886, where Dr. Geo. E. Shoemaker, of Philadelphia, relates his "Recollections After Ether-Inhalations." *Mind* discusses it in vol. iv, p. 345, and vol. vii, p. 206. Dr. Oliver Wendell Holmes mentions the experiment in his "Mechanism of Mind and Morals" (p. 46). A letter from the poet Tennyson concerning his own experience has recently reached the press: and valuable newspaper accounts of the phenomenon may be found in the *Tribune*, September 3, 1886; the *Evening Post*, October 30, 1886, and the *Utica Herald*, September 15, 1886.

The abstract, philosophic nature of the ether dream (says a writer in *The Open Court*) gives it a special interest to students of philosophy and psychology. By its intensely specific character it differs entirely from the opium or hashish hallucination. The opium-eater may dream of a thousand different things; but the ether patient invariably has one fixed impression, a belief that the ultimate secret and explanation of existence stands revealed to him as finite knowledge never has and never could reveal it. The sin-

gular thing is that this impression may happen to a man who has never given one thought to philosophy, and whose mind therefore is devoid of materials for this impression. This fact, and the specific likeness of the effect of the ether on all who have made the experiment, has led some psychologists to declare the impossibility of considering the phenomenon a dream, and to claim place for it as genuine philosophic insight. Further and more accurate experimenting will throw clearer light on what is one of the most remarkable discoveries known to modern psychology.

Electric Sun-Stroke.—M. Terrier read a paper on electric sun-stroke observed in some workmen at the great foundry of the Creusot, who smelt steel by electricity. The neck, face and arms of the men became red and painful, and finally desquamation took place as witnessed in burns of the first degree. M. Terrier said that he exposed his arm during a few minutes to the action of the incandescent electric light, and at the end of an hour the arm assumed an intense redness, which at the end of four days gave place to the ordinary desquamation. As to the cause of these symptoms he considered it difficult to determine, as heat could not produce them since electricity emits hardly any caloric.

BIBLIOGRAPHICAL.

DISEASES OF THE LIVER. By Dujardin Beaumitz. Translated from the fifth French edition by E. P. Hurd, M.D. Physicians' Leisure Library Series. George S. Davis, Detroit. Price, twenty-five cents.

There are seven chapters in which are discussed: The liver from a therapeutic standpoint; chologogues; treatment of bilious lithiasis; treatment of jaundice; treatment of engorgements of the liver; treatment of inflammations of the liver and treatments of hydatoid cysts of the liver. The monograph, like others from the pen of the learned author, presents the most advanced ideas upon the subject treated.

A TREATISE ON MARKS' PATENT ARTIFICIAL LIMBS WITH RUBBER HANDS AND FEET. A. A. Marks, 701 Broadway, New York.

We cannot imagine the possibility of greater perfection in the manufacture of artificial limbs ever being attained than those which Mr. Marks describes in his work, from the fact that they so closely resemble the natural in ease and grace of motion, and are so perfectly under the control of the individual. Mr. Marks deserves not only a rich pecuniary reward, but gratitude, also, for the skill and ingenuity he has brought to the aid of the maimed.

EXCESSIVE VENERY MASTURBATION AND CONTINENCE. THE ETIOLOGY, PATHOLOGY AND TREATMENT OF THE DISEASES RESULTING FROM VENEREAL EXCESS MASTURBATION AND CONTINENCE. By Joseph W. Howe, M.D., New York. E. B. Treat, 771 Broadway. Medical Classic Series. Price, \$2.75.

The same elements which contributed so much to Dr. Howe's popularity and usefulness in the lecture room exist in a marked degree in the judicious handling of the very deli-

cate, but important, subjects discussed in this book. There is a clearness of statement, in which that practical common sense, so essential in a work of this kind, is combined with scientific accuracy which could only be gathered from extensive reading and long clinical practice. The book will not only be found of value to the physician, but as one which can be placed with advantage in the hands of the intelligent layman.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M. D., and J. P. Dake, M. D., with the aid of a consultative committee. Part viii. Ferum-Iodum.

The editors announce in issuing this fascicle of their undertaking, which closes the second volume, that they will be able to complete the work, in four volumes, by 1891. The work cannot fail to interest all who desire to study the effects of drugs, but it should be borne in mind that it is not a hand-book, or a treatise on practical therapeutics, then disappointment will not follow, for it is not intended to be a materia medica for every-day-use, but a "cyclopædia" for exhaustive study. The work deserves better support than it has had.

HOMŒOPATHY IN VENEREAL DISEASES. By Stephen Yeldham, L. R. C. P., Ed., M. R. C. S., Eng., Consulting Surgeon to the London Homœopathic Hospital, Fellow and late President of the British Homœopathic Society, etc. Fourth edition; edited with additions and an original chapter on Spermatorrhœa. By Henry Wheeler, L. R. C. P., Lond., M. R. C. S. Eng., late Surgeon to the London Homœopathic Hospital, London. E. Gould & Son, 59 Moorgate St., E. C. New York, Baerick & Tafel, 145 Grand St.; 1888; pp. 192, 12 mo.

The editor in supervising the issue of this new edition, has endeavored to bring the subject abreast the progress of modern time. The scope of the work is too well known to our readers to require extended notice here.

THE PRACTICE OF MEDICINE, OR THE SPECIFIC ART OF HEALING. By I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the Georgia Eclectic College of Medicine and Surgery; Author of "The American Practice," "Materia Medica," "Pharmacology" and "Therapeutics." Chicago; W. T. Keener, 1888; pp. 599, 8 vo.

As may be surmised from the title of this work, the subject is treated from the so-called "Eclectic" standpoint, and from a hasty glance at its pages, we should judge the author to be a practical and truly eclectic physician in the proper sense of the word, for he has apparently selected the best from all methods of practice. The text is concisely and intelligently written, and the indications for the selection of drugs clearly stated.

Physicians of all schools will find much in it not only to approve, but which will be of great service in practice. The dual action of drugs and the specific affinity of drugs for tissues is maintained, in accordance with the most advanced medical thought of the day. Our readers will find the book worth buying.

THIRD ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF MAINE. For the fiscal year ending December 31, 1887.

HENRY GUY CARLETON, in a recent *Sunday World*, gave the Medical Congress which met in Washington, September 11th, a little advice upon a variety of topics of supposed interest to the medical profession and the world at large. The remarks of the accomplished writer are so full of learning and wisdom that we make copious extracts from them:

"In some inexplicable manner, the invitation of the Executive Committee for me to read a scientific paper before the Medical Congress which is to meet in Washington next Tuesday, has either been misdirected or has gone astray. Under ordinary circumstances I might feel slighted, but the warm interest which I take in the Congress and my desire to have it hear something really worth remembering have prompted me to overlook the accident, and I have prepared the following hurried but valuable monograph on 'Medical Ethics,' which I trust will be read immediately after roll-call and the prayer, by the chairman, Dr. Louis A. Sayre.

"It appears to me, brother delegates to the Medical Congress, that our earliest attention should be diverted from etiology, semeiology, sequelæ, prodromata and pills, and turned to the long-neglected question of 'Medical Ethics.'

"The ponderous code which has hitherto been in use, and which has often been the cause of elaborate trouble between medical brothers, leading to large ecchymoses under the eye, hæmorrhagic nasal turgescence, spinal relaxation and periostitis of the tuberosities of the ischii from pediphalangeal shock—this code, it appears to me, should be revised. I have formulated roughly a code which, no doubt, you may in time slightly enlarge and perhaps modify. I take first the duty of the physician to his patient; second, his duty to himself; third, his duty to his brother physicians, and, fourth, his duty to the public.

"The duty of a physician to his patient is divided into three parts. First, call and diagnosticate the case. I venture to draw your earnest attention to the fact that I place diagnosis before treatment. There are many of us who skip the diagnosis in our hurry to get in our fine treatment, and we postpone investigating, knowing that we can do it more leisurely at the autopsy. Of course, it must be admitted that a post-mortem generally throws a surprising amount of light upon a case, but with patients and their families I have discovered that the prejudice runs in favor of diagnostic investigation.

"You are perhaps surprised at the importance I attach to diagnosis, but I assure you that I have seen evil results follow from mixing up diseases; treating a man for glanders when he had a cinder in his eye, and ransacking his interior by laparotomy when he merely had a plain, straightforward, Christian case of snakes.

"Looking at your patient's tongue, feeling his pulse and getting five dollars is not always a sufficient diagnosis, particularly in the early stages of a zymotic or the last stage of desquamatus degeneration of nephritic tissue. In some cases, hammering him on the back, drumming on his brisket and running over his cardiac region with your right ear will at least restore public confidence if it does not give you any hint of the mystery within. I have also found that a diligent inquiry into the history of the case often assists diagnosis by eliciting the opinion of the household.

"I divide diagnosis into two classes—analytical and synthetic. In analytical diagnosis you form a correct opinion

by your examination into, and knowledge of, the symptoms. In synthetical diagnosis you don't exactly know where you are, but you don't let on. You give one drug and watch results. If the patient improves—why, there you are. If he doesn't improve, but sinks rapidly, change your drug for its antidote, and you have earned your money. Most of us prefer synthetical diagnosis. It is easier, and we come more quickly to the autopsy, which, after all, is the old reliable method, and can't well be improved upon.

"When you are in doubt that your diagnosis is correct call for a quiet consultation and send for one or more eminent physicians to examine into the case. This shifts the responsibility entirely from your shoulders and enables you to attend the obsequies with a light heart.

"It is better in consultation to call in a physician of your own school. I once had a case I didn't exactly understand, and two hours after I began my treatment the patient sank into a sweet, deep coma and was rapidly cashing in, when I sent for the two nearest doctors for a consultation, happening to be a stranger in the town. The first was a homœopath, and of course had never seen a human interior, and the second was a faithcure specialist, whose whole pharmacopœia was a hallelujah and a rise-up-William-Riley sort of a manner, which jarred upon my nerves. I received them courteously, and laid before them my diagnosis. I said that the parenchymatous nephritis had given way to cachexia, complicated with idiopathic hepatitis, some angina and cerebral tuberculosis, which, however, I had passed over as minor sequelæ, confining my treatment more to the anasarca in the left foot and the ecchymosis under the right ear. Mitral regurgitation, aphasia, locomotor ataxia and opisthotonos had been marked during the night, I said, with orchitis of the ventricle, valvular cystitis and some paraphimosis of the dura mater, which I had quieted down by frequent ten-minim hypodermics of aconite until hæmorrhagic balanitis supervened. I then paused for a reply.

"The homœopath sat in silence a few moments and then inquired if my patient, who was a large, irritable man, had ever had membranous croup, and did puerperal fever run in his family? I said briskly that no symptoms of either had been present. Then he said that two pellets of *carbo animalis* every four hours, with a trituration of *mercurius*, ninth power, every forty-two minutes, would, he thought, relieve the more prominent symptoms, and the patient would certainly live unless he got into a moribund condition, which might prove fatal. Excessive moribundity, he said, has been the principle cause of death in most of the cases he had handled. He then said that \$40 would about fit his own private symptoms, and I left the room to introduce him to the afflicted relative. We heard four thumps, a whiz and a dull thud, and rushed back just in time to learn that my patient had thrown the faith-cure doctor out from the oriole window, and I had a double case of coroner before I left town.

"I find the best average diagnosis is to find out if my patient is suffering any pain. If he is I either chloroform him and cut out the painful part or shove into him about sixteen minims of Magendie's solution with a hypodermic syringe. Hypodermics of morphine always stop the pain, and when he dies happy what more could be expected? You will always observe that a doctor who favors synthetical diagnosis will squirt morphine into the arm for everything from a gumboil to diffuse typhoidal peritonitis. Then he administers three grains of quinine three times a day, and sends in a bill for \$65."

CORRESPONDENCE.

DR. JEFFERY'S CASE.

To the Editors of the NEW YORK MEDICAL TIMES :

Sirs,—I have just read "The Report of an Anomalous Case," by Dr. Geo. Clinton Jeffery, published in your issue of this month. I think the title well chosen. In an ophthalmic practice of nearly twenty years I have never met with a similar case. I do not think it was a case of glaucoma. We can all judge better of a case when we have its full history and termination before us, even if we do not have the much desired *post mortem*.

So far as I know, acute glaucoma never kills. Although I have seen many cases of acute glaucoma I do not remember ever having taken the temperature in any case. The symptoms are not generally those of increased temperature. Moreover, in acute glaucoma, I would expect to see some lack of transparency of the dioptric media. Nevertheless, the dilatation of the pupil occurring without the use of any mydriatic, the engorgement of the emergent ciliary blood vessels, the impairment of vision, and the pain were symptoms sufficient to justify an attempt to relieve the ocular condition by iridectomy, and very probably, had I "stood in Dr. Jeffery's shoes," I should have done the same thing.

As the event shows, the operation did neither good nor harm. Had the patient lived, the operation *might* have been the means of preserving his sight.

I think the case was one of acute, purulent meningitis, with metastatic, phlegmonous inflammation of the tissues of the orbit and thrombosis of the orbital veins.

Respectfully yours,

DAVID WEBSTER, M. D.,

September 17, 1888.

266 Madison, Ave.

"REFORMATORIES."

Editors NEW YORK MEDICAL TIMES :

Allow me to express my particular sympathy with your editorial in last issue on "Reformatories," and to give it expression by asking permission to propose an amendment. From experience of almost a quarter of a century in such an institution in one of the German States, to which I have had access by the circumstance that my father was superintendent during all that time, I know that the happiest results are to be had by minding more radically the old trusty principle, *principiis obsta*. In the institution mentioned the practice was to begin the reformatory work with the children, and the statistics kept revealed the surprising fact that in the children's department cases of a relapse were as rare as in the department of the adults, those of a reformation. I called this fact surprising, and it was so at that time. But the enormous contrast in the obtained results was only a confirmation of the legislative reflection which had called the institution into existence; and if we take into consideration the quite exceptional vividness of the impressions of childhood, we must find it very natural that these first impressions once allowed to take hold of soul and intellect, it is very unpromising work, by reformatory arrangements of any kind, to cause the mind to take a different turn. Proselytism availed itself of this circumstance in the interest of its selfish ends, and by that means, up to this very day, uses to perpetrate all

its mischief. But so much more reason to not neglect it, when generous social ends are aimed at! The law regulating the above mentioned institution authorized the judge to pronounce the detention of a child, if the local magistrate, proposing, could bring evidence that the parents were dissolute, and, instead of giving the child an education, let it run at large, or, perhaps, did their best to bring it under the influence of their own corruption. The children got a very good treatment; they had their school and bodily exercise, and occasionally some field work in planting and reaping season. There was no case on record that ever any one tried to run away, which every now and then occurred among the adults, and the reputation of the house among the neighboring public was such as to induce tradesmen to secure their apprentices, and families their servant girls among the "orphans," as they used to be called, although the poor children were rather punished by having parents than by being bereft of either father or mother, and usually, at every release term, those leaving the house had been engaged for months beforehand, and, far from being thrown upon the world, simply exchanged homes. I am fully satisfied that under corresponding management a similar institution elsewhere would be crowned with the same success, and again, that only by adopting the principle I mentioned above, applying the help in the most helpless age, by not allowing the taste for corruption to take root in the most tender period of moral impressionability, there is sure hope to cheat our penitentiaries, with their progressive numbers of depraved inmates, out of the triumph which it looks most likely they are going to celebrate over the most strenuous efforts of reformation in arrangements of civilization, be these of a juridic, a pedagogic or theological caste.

LINDORME.

DR. DECKER VS. SPECIFIC MEDICATION.

To the Editors of THE NEW YORK MEDICAL TIMES :

In the last issue of your valued journal, reaching me here a short time since, Dr. Decker, of Kingston, N. Y., publishes an article,* that does not well agree with the title he employs, and which, owing to the importance of the contradiction therein, leads me to recall attention to the ideas that underlie the general notions of empiric and specific medicine.

As your readers will remember, Dr. Decker describes two successfully treated cases, one of cystitis by the use of the so-called *pichi*, the other of rheumatic fever with anasarca by salicylic acid. He states that he gave *pichi* because it had been tried in similar cases and proved promptly and decidedly beneficial, and salicylic acid, because experience had found it beneficial in the type of rheumatism he describes.

Now were it not that our notion of specific medicine and of specific disease is effected by our knowledge of specific causes of disease, it would hardly be necessary to more than refer to the vagaries, for instance, of skin disease, or to point to hospital autopsies, of which Dr. Decker himself has an experience, in order to show that however specific the cause of a designated disease may be, the physical changes which it produces are varied, and overlap those of other diseases—small-pox for example—and that even as the state of the tissues varies *post mortem*, so during life do the symptoms and the disease itself.

* Specific medicine, or cures regardless of symptoms—*pichi*—salicylic acid.

It is a fact, which every beginner in the autopsy-room has to learn, that a corpse does not have pneumonia or phthisis, and after he has become accustomed simply to describe the physical changes produced by disease, it is not long before he perceives that the nomenclature of disease is a changing clinical necessity, not a scientific ultimatum. In clinical medicine, then, we are reduced to the use of terms according to the symptoms, and thus the old ideas of empirical and specific medicine preserve and refine their value, according to the distinctions that we make between various groups of symptoms.

It was the chief service of Dunham to homœopathy, that he illustrated and established* the grand distinction between homœopathic medicine and all allopathy, in that the former is empirical and the latter rational; the homœopathic prescriber giving medicine according to the symptomatic experience *Similia Similibus Curentur*, the allopathist according to the prevailing notion of the particular disease-process, and his knowledge of what may deter its causes or change its effects. When the latter, like the blind empirics of old, simply follows common experience, he achieves his most brilliant results, as by the use of quinine, mercury and the iodide of potash.

The selection of a drug, then, according to the group of symptoms present, becomes in the strictest sense of the word, "specific medication;" when the symptoms are few and prominent our prescription may seem rough, when many and particular it may be refined and scientific. In the instructive cases related by Dr. Decker, although he followed no better guidance than the ancient empirics, he relieved his patients and added to the conviction that pichi and salicylic acid are adapted to cases presenting the symptoms which he details. Very respectfully yours,

Ostfriesland, Aug. 23d, 1888.

W. Y. COWLE.

A LECTURE INTRODUCTORY TO THE PRESENT WINTER SESSION OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

BY PROF. R. LUDLAM, M. D.

I never attempt an address on an occasion which is so interesting and important as this without recalling the *dictum* of Pythagoras: "Hold your tongue, or say something better than silence."

And what can I say that is better than silence? My congratulations to all who are concerned in the reopening of this school will surely be in order as they are in earnest. You have come hither to cement old ties and to form new ones; to engage in an arduous pursuit with a lofty purpose, and I can only emphasize the welcome to which our worthy President has given so happy and so hearty an expression.

An eminent American author has said: "There are three wants that can never be satisfied—that of the rich, who want something more; that of the sick, who want something different, and that of the traveller who says anywhere but here." If to these he had added a fourth for the typical medical student, whose thirst for knowledge is insatiable, he would have included those who, like yourselves, will never be fully and completely satisfied with their present attainments.

But, although it may be fitful and intermittent, coming

with increased severity during the months of September and October, and declining in the early spring, this last symptom is not necessarily morbid. If the proper fountain can be reached, and its waters are taken as they should be, it may become a sign and a source of healthy intellectual expansion and development.

The oculist will sometimes say of an old person that "his power of accommodation is lost." In a kindred sense the power of accommodation is what makes the difference between the men and women, the students and physicians who succeed in life and those who do not. You will be lost in this school and hospital if you fail to accommodate yourselves to your privileges.

All genuine progress is the fruit of observation and experience; but we cannot observe correctly if our mental vision is impaired and imperfect. Those who are totally blind are exempt from visual illusions; but the student who has a mental squint will fill his head, if he fills it with anything, with wrong impression, distorted facts, half-truths and rubbish.

In these days of expanding intelligence one needs to keep his eyes open, and to be on the alert that nothing which concerns his training for the exigencies of practical life shall escape his observation. Merely to listen to the lectures, or to survive the clinical course, is not all that will be required of you, for what you hear and see and read must be recorded and digested. A worthless experience will surely spring from faulty observation, just as slovenly writing is the outcome of careless thinking.

It is quite a common thing for those of us who have reached the period of life which Lord Beaconsfield called "anecdotalage" to compare the present with the past, and to deplore the degeneracy of modern times and of the standard of modern attainment. Among these old fellows there is a deal of ridiculous whining about the relative unfitness of the men and women who are now living, the doctors of the present generation, for the duties that lie in their way. But the simple truth is that if they are not very much better qualified than their predecessors were, it is their own fault.

Look for a moment at a few of the changes and improvements that have taken place since I enlisted as a medical student. It was my privilege to matriculate in one of the oldest and at that time the best Old School medical college in America, from which I graduated after three full not fractional, or piecemeal courses. I saw a great deal of practical surgery in the college and hospital clinics, but in the whole three years I never witnessed an operation under anæsthesia. In every case the patient was held upon the table by main force, usually by three or four strong students, and the operation was performed amid cries and groans and signs of suffering that would have touched the heart of a tax-gatherer. It goes without saying that, although my teachers in this department were renowned for their skill and experience, much of there surgery was what would be called rough and coarse at the present day.

It has been said that "the true inquisitor is a creature of policy, and not a man of blood by taste." In those days the majority of the students set out with the idea of becoming surgeons, just as they do now, but the scenes of the operating room soon scared the most of them out of that notion. For they found that something of the bull-dog tenacity, and something of the taste for blood must be coupled with the surgical instinct if they were to succeed under such trying circumstances. Indeed those very exhibitions had a natural tendency to blunt the finer feelings

* "Homœopathy, the Science of Therapeutics," 8vo, New York, 1878, repub. fr. *Am. Hom. Review*.

and to develop the coarser qualities of the mind and the heart.

The teachers and pupils of that period knew as little of the delicate possibilities of our modern surgery as Hippocrates, with all his learning, knew of the Latin language, or as Hahnemann, with all of his scientific attainments, knew of the clinical thermometer. And for the simple reason that the operations which we are now making so skillfully and so successfully were not practiced, and were not possible until the patient could be put into a deep sleep, like Adam when he was made ready for that primary operation in the garden of Eden.

Moreover, from the date of the first introductory lecture—and they consumed about a week at the beginning of each session—to the day upon which we took our final departure, clothed in sheep-skins, no member of the class ever heard a word concerning antiseptic medicine, surgery, or midwifery. The microbes had full sway, and sanitary science, excepting in the matter of vaccination, was in a very rudimentary state.

Only a few years before physical diagnosis by mediate auscultation, that wonderful discovery of Lennec, had been introduced into this country. It was subjected to derision, and there was a current story that, in describing such an examination, one of our professors had paraphrased old Dr. Sam Johnson's definition of the angler so as to read: "A patient at one end of a wooden tube and a fool at the other."

In other fields our advantages were far behind those which you will enjoy in this institution. In the matter of uterine diagnosis and pathology each term afforded us a few lectures upon the "irritable uterus" and displacements, but none of us ever saw the sound or the speculum. The clinical history of pelvic peritonitis and of kindred pelvic affections that are now as familiar as pleurisy or pneumonia, was unwritten and unknown. Sims was then a country doctor, and did not begin the publication of his discoveries, which afterward became the corner-stone of American gynecology, until 1852. It was not until 1853 that Dr. Walter Burnham, of Lowell, Mass., first removed the uterus and its appendages for fibroids; and as late as the year 1855 a leading surgeon of New York (not Dr. Helmuth) taught his classes that "not more than one per cent. of the cases of ovariectomy could possibly prove successful." The most reliable records show that down to 1850, when I was on my seat in the lecture room, only 174 ovariectomies had been performed in the whole civilized world, and that of these 94 cases had recovered and 80 had died!

At that time there were no antiseptic sutures or dressings; only two surgeons (Mettauer, of Va., and Sims, of Ala.) had employed the silver-wire suture; the catgut sutures, which had never yet been carbolized, were doing service on all the old fiddles in the country; and the silkworm-gut had not been stolen from the fisherman. Laparotomy, abdominal drainage, aspiration, enucleation, trachelorrhaphy and other gynecological operations with which it will be my privilege to make you practically familiar were as unknown to the profession as the telephone, the electric light and the cable-cars were to the people. There was not a Woman's Hospital under the sun; and there were a thousand gynephobists, or those who despised the women, to one gynecologist, with the very natural result that, if she could possibly avoid it, no woman would come within a mile of a medical school either as patient or pupil.

The domain of nervous diseases was almost wholly undeveloped. Cerebral anatomy was carefully taught, and there was always enough of it to satisfy the student, but

the physiology and the pathology of the brain were very imperfectly understood.

Cerebral localization had not been naturalized. In one sense the whole subject was at the finger-ends of the long-haired men and the short-haired women who had an unbounded faith in phrenology; but, in case they were upset by disease or accident, nobody else could locate our mental faculties. The cerebral surgery of the time was limited to lifting the depressed bone in case of fracture of the cranial vault; and for the lack of ability to identify the site of the lesion, as well as because there were no anaesthetics or antiseptics in use, the removal of brain and spinal tumors, the opening and drainage of pus cavities and of serous accumulations had not been practiced.

The patellar, the aural, the organic, and other reflexes were unknown. We never dropped the word "aphasia," because the convulsion of Broca had not yet picked it up; and, for that matter, Broca had not found his own convulsion! My colleague Professor Arnulphy, who was his pupil, can tell you how Broca worked with the dead as well as with the living to locate the organ of language, and Professor Fellows will teach you the clinical significance of his discovery.

So my friends, without going farther into this subject, or taking up your time with recounting other relative disadvantages of my own student life, it is obvious that the circumstances which surround you are peculiarly auspicious. Your starting point is a long way in advance of ours. You step at once into the clearing and freshening atmosphere of medical science. The inclination and aptitude of the professional and the public mind are greedy for the best views in every branch of knowledge. To be surrounded by such conditions, and to be certain of an appreciative clientele, when you have taken the honors of this school, are powerful incentives to diligence and fidelity on your part. I know that your opportunities are of the very best, and I believe that you will appreciate and improve them.

I revere my teachers and their attainments. They have all passed to the reward of good and faithful servants. If their voices had been hushed for a hundred instead of thirty years, I would not breathe a word of disrespect. For nothing is so mean, and no spirit is so contemptible as that which abuses the institutions from which we have sprung, and the instructors who taught us the elements and the essentials of whatever we know.

It sometimes happens that men who are distinguished lose a great deal in our estimation when we view them closely. But it was not so with my teachers, and I earnestly hope that it will not be so with yours. Their scientific stature was something to be admired and coveted, and something to be remembered with pleasure as the years roll on. If any of their pupils have surpassed them in their ability to unravel the tangled skeins of disease, to save suffering and to prolong life, the fact must be charged to the extraordinary evolution of the medical sciences that has taken place since their day.

You will not fully realize the post-graduate work that some of us have done, in order to keep step with the procession, until you also can review your course in the light of improvements of which at present we know but little or nothing. If you take the same pleasure that we have taken in the long and arduous pursuit, and shall turn to this hour with feelings of gratitude for the sympathy and encouragement that we have given you, the retrospect will not be painful, and we shall all be remembered by what we have done.

SOCIETIES.

HOMŒOPATHIC MEDICAL SOCIETY, STATE OF NEW YORK.

Members of the Homœopathic Medical Society, of the State of New York, were placed in excellent quarters at the Leland Hotel, during their recent meeting at Syracuse. Not only is everything new and clean at the hotel, but the convenience of all was carefully considered. On the fifth floor the convention assembled. Whether this gave the high potency men the advantage is not known. Certain it is that an excellent, well lighted and capacious room was at the disposal of the members.

Dr. Helmuth filled the chair as president, as you know he could any within the gift of a medical body. His address was well delivered, and calculated to please. The summing up of his investigations into the Library at Washington was quite interesting. The point brought out was that scarcely anything has been indexed from the homœopathic journals of this country, or the world, for that matter.

Dr. J. M. Schley, of New York, read a paper in which he quite conclusively proved by quotation and clinical reports that there were other causes than syphilis which caused perforated nasal septum.

Dr. Bull, of Buffalo, read a paper which advocated bicarbonate of soda in tonsillitis. It was used locally as a gargle in hot water—said the powder applied directly to tonsil gave relief also.

Dr. Dowling stated he had obtained very satisfactory results with baryta carbonica in parenchymatous tonsillitis. He carried the remedy with him constantly, for this purpose, as he was sure to give very rapid relief with its use when called early.

Belladonna was the subject for discussion with the Bureau of *Materia Medica*.

Dr. Van Denburgh, the chairman, was successful in getting a motion through to discuss each paper after its reading. It made the bureau a bore. In the desultory discussion which followed, so much time was taken that Dr. Laird's paper, which should have been the first one read, was "read by title." The president wisely shut off discussion after an hour, more or less, of agony endured by the majority.

Dr. Martin recommended *pasafloa incarnata* in ten drop doses in nervous diseases for quieting and to induce sleep.

Dr. Dowling read in part an excellent paper on "Is the American Heart Failing?" It was listened to with attention, and was warmly applauded.

Dr. Wilcox, chairman of the Bureau of Surgery, read a paper—clinical in character—which showed the value of iodoform ether injections in abscesses, and suppurating glands. The point to guard in these cases was to give vent by a second hypodermic needle opening—the needle remaining in place until the operation was over.

Dr. Terry read a paper for Dr. Lewis, of Brooklyn, on the comparative value of various caustics in cancer. He read also a clinical paper by himself, showing the value of dry dressings and one thickness of antiseptic gauze—which was not to be removed unless necessary—for the purpose of skinning over ulcerated surfaces. The "Electric Century" was simply interesting as a clinical paper, and showed the caustic effects of an electric light, and also the absence of shock following the current.

Potencies came into this country when homœopathy was

introduced, and to separate this chaff of the school from the wheat will require dissection—careful dissection—of the papers. If the cure—so called—in a given high potency paper was not *nature's*, we can often—yes, I might say always—trace it to physiology, hygiene, or some auxiliary not mentioned in it. If these fail to fix it, there has probably been a wrong diagnosis.

M. O. T.

OBITUARY.

IN MEMORIAM.

MARIA W. PORTER, M. D., at her home in Davenport, Iowa, on Saturday evening, September 8th, 1888, "peacefully fell asleep until that morning."

The deceased was born in Nottingham, England, April 23rd, 1823, and came to this country when nine years old. She was educated at New Brighton, Pa., Seminary. In 1845 she was married to Nathaniel Porter, of Allegheny City, in which place she lived until 1860.

She studied medicine with Dr. Dake, of Pittsburg, now of Nashville, Tenn., and took two full courses of lectures in the Woman's Medical College of Phil., graduating therefrom in 1859. In 1860 she came with her family to Davenport, Iowa, where she lived to the time of her death.

Dr. Porter was the first lady physician to settle in Iowa, and if we mistake not, the first to locate between the Mississippi river and the Rocky mountains.

The doctor soon made her presence and abilities known by giving a course of medical lectures. At that time few people had ever heard of a lady physician, and in her struggles to overcome the prejudices and traditions about her, she stood alone. She also had (to their shame, be it said,) the combined opposition of the medical profession to combat. Their antagonism was based on two facts, viz., she was a homœopathist and a woman.

By her thorough preparation for her work, by her steadfast purpose, by her conscientious devotion to truth, she silenced the voice of detraction, and soon established a successful practice. Her work did not stop here. Her kindness of heart, her unselfish activity for the good of others, found a field for exercise on every hand. She was a very active member in the Ladies' Aid Society during the Rebellion, and many a soldier boys' heart was made glad through her ministrations. Nor is this all. She was one of the prime movers in the establishment of the Soldier's Orphan's Home, now located at Davenport.

For the last fifteen years she gave largely of her money, time and talents, in the cause of temperance and foreign missions. For years she held the office of either president or secretary in the Foreign Missionary Society, in the M. E. Church.

But the crowning act of her noble life was her sacrifice in giving up her daughter (Mrs. F. D. Gamewell) for the work of carrying the light of Gospel truth to that far off Orient, China.

To those of us who were so fortunate as to know her well in professional intercourse, her real worth was beyond expression. The light of her countenance was an inspiration. To all with whom she came in contact her presence was a benediction.

Her earthly career is ended, but the influence of her unbounded faith in her Creator, and the example of her virtues will be embalmed in many hearts.

The thoughts of the "meekness and long suffering"

manifested in her last illness will linger sweetly in many memories.

Of her it may indeed be truly said "she hath done what she could."

C. B. KINYON.

Rock Island, Ill.

At a meeting of the homœopathic physicians of the three cities, the following resolutions were unanimously adopted:

WHEREAS, In the natural course of human events, our colleague, Maria W. Porter, M. D., has been called from her labors among us to receive the crown awaiting her, therefore, be it.

RESOLVED, That we hereby testify to our high appreciation of the noble qualities of heart and mind, that distinguished Dr. Porter as a true physician, thoroughly prepared for the duties of life, as an unswerving homœopathist, and a steadfast friend.

RESOLVED, That we tender to the family of Dr. Porter our heartfelt sympathy in their sad bereavement.

RESOLVED, That a copy of these resolutions be engrossed and sent to the family of the deceased, and a copy be furnished the Davenport daily papers and the homœopathic medical journals for publication.

COMMITTEE.	J. W. WATZKE,	{	Davenport, Iowa.
	ELLEN A. TAYLOR,		
	MARY H. ROWLAND,		Moline, Ill.
	JOHN REITER,		
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TRANSLATIONS, GLEANINGS, ETC.

"SURGICAL MEMORANDA."

BY ARTHUR T. HILLS, M. D.

Surgeon to Ward's Island Hospital and to the House of the Good Samaritan Diakonissen, New York.

A method of treatment of indolent ulcers has been devised by Dr. Harbordt, which is as follows:

The entire ulcer is divided lengthwise by a deep incision extending far into the healthy tissue, cross incisions are then made through the callous tissue into the healthy at intervals of about three quarters of an inch. The incisions must go through not only the skin but the underlying fascia; the wounds must gap widely. The bleeding, often profuse, must be stopped with tampons; and the whole wound is done up with iodoform dressings. When after eight to fourteen days the dressing is changed, the difference in appearance is very marked. Healthy granulations are springing up in abundance from the gaping incisions, and soon cover the whole surface, reaching the level of the surrounding skin, from which the growth of new epidermis is seen to advance rapidly. At this stage, of course, when the loss of skin is great, transplantation may be effected and will now be useful. The multiple incisions must, of course, be postponed till the ulcer is no longer foul, all necrosed fragments being first removed, in order to avoid the risk of septic infection of the deeper parts. The advantage of the method is obviously that highly-vascular healthy parts are enlisted in the healing process of granulation, and thus not only the wound, but also the resulting cicatrix are under more favorable conditions. This form of treatment is most appropriate in the indolent ulcerations resulting from burns, severe contusions, varicose veins, etc. Sir Peter Eade, M. D. (*Brit. Med. Jour.*), mentions a very novel form of treatment for

carbuncle. The method is as follows: A strong solution of carbolate of glycerine is inserted freely and frequently into every part of the swelling where a hole will permit. The process is disagreeable and somewhat painful, but the results are very satisfactory, and generally in three or four days the increase of the growth will be quite stopped, and the tension and swelling rapidly subsiding, and bright red granulations (such as carbolic acid will often produce in the base of a sloughing tissue) will begin to show themselves. In two or three weeks from the commencement of the attack the patient will be absolutely well, free from deformity, and almost free from any cicatrix.

He says: "Boils are not identical with carbuncles, for they have a different size and aspect, a different life history, and an entirely different duration; but they are evidently closely akin, alike local and 'fungoid,' and the theory of their treatment must be the same, however modified in practice by their lesser importance. And they are markedly contagious, for there is strong reason to believe that what is commonly called a 'crop of boils,' and is often attributed to some blood fault, is essentially the result of auto-inoculation, and that each successive boil is due to the implantation in the skin of fresh seeds or germs from the preceding one. It is well known that a nascent boil may be easily aborted by a point of some strong caustic. The same result may be more easily and pleasantly obtained (as in the earliest stages of carbuncle) by soaking the commencing pimple frequently with a solution of salicylic acid; and I had the satisfaction of thus entirely stopping the progress of 'a crop of boils' in both husband and wife, who had clearly infected each other, by the adoption of this very simple and painless process."

Prof. Chiene, in *Hosp. Gazette*, says: "In persistent hemorrhage from the nasal cavity, plugging the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as to completely prevent any air from passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding."

Gedeke (*Centralblatt für Chirurgie*) has used with advantage, as an antiseptic dressing, filtering paper soaked in a two-per-cent. solution of sublimate with five per cent. of glycerine, and then dried. He has used it after extirpation of the cervical glands, amputation of fingers, and in one case after amputation of the thigh, when it was left in for ten days. He formulates the following conclusions: 1. Filtering paper, soaked in a two-per cent. solution of sublimate, is a valuable dressing. 2. It should be used in from two to eight layers, according to the size of the wound. 3. It is especially indicated in recent wounds. 4. In complicated wounds of the fingers it has the advantage of immobilizing the parts. 5. It should usually be left on not longer than two or three days. 6. In the absence of other antiseptic materials, it will often suffice in a short time to render suppurating wounds aseptic.

Dr. Fränkel has reached the following conclusion: That in painful diseases subcutaneous injections of antipyrine are followed by the best results. Fifteen minims of a twenty-five per-cent. solution accomplishes splendid results in from fifteen to twenty seconds, and its effects last much longer than morphine.

In the early stages of perityphlitis, says Prof. Davis in the *Western Medical and Surgical Reporter*: "I give my patient enemas of chloral hydrate gr. 30 and belladonna tinc. 30 drops in 4 oz. water, slightly warm, introduced into

the rectum gently and carefully, and after the syringe is withdrawn to resist its passing off by directing the patient to draw the nates together. If the enema be retained for five minutes it will have no tendency to pass for an hour or more. The chloral will act strictly as an anodyne to control suffering of patient as a substitute for morphia, giving ease and comfort. Belladonna, on the other hand, has the effect of relaxing the circular fibres and organic muscular tissues, using chloral and belladonna as enemata in these cases, knowing the stomach rebels, for controlling the spasmodic action and pain, at the same time keeping fermentations, or whatever local applications are brought to bear upon the case, you will universally lead your patient to favorable results.

Dr. Porter, Surgeon Mass. Gen'l Hosp., reports case of fracture of the sternum with dislocation of fragments, restoration to place by treatment by position, and a broad band of plaster to hold the chest walls immovable, and compel diaphragmatic respiration. Prof. Billroth has successfully performed the operation of resection of the pylorus in two cases of carcinoma.

DISEASES OF THE HEART.

By T. M. S.

The Pathological Significance of the Auscultatory Sounds in the Crural Arteries.—Hochhaus (*Jour. Med. Sci.*) reviews quite carefully what has been already written on the subject, details the results of his own studies on 506 cases of various diseases, and draws the following conclusions: 1. Pressure murmurs and pressure tones may be detected in the crural artery both in normal and pathological conditions, and only in atheroma can they usually not be produced. 2. A spontaneous tone (i. e., heard without any compression of the artery) is heard: a, always in aortic insufficiency, on account of the increased expansion of the artery produced by the action of the hypertrophied left ventricle; b, always in uncompensated mitral insufficiency, anæmia, and febrile affections on account of the great difference between the tensions of the systole and diastole of the artery. 3. Traube's double tone is, according to the author's experience, rare in aortic insufficiency; a diastolic double tone is more common, due to an interrupted contraction of the ventricle. ("Diastolic" applies to the artery, meaning its period of dilatation.) 4. A diastolic and systolic double murmur is heard in all well marked cases of aortic insufficiency, and often in aortic stenosis and insufficiency. It is of diagnostic import for the latter affection, although it occasionally occurs in typhoid, anæmia and atheroma. 5. With the exception of aortic insufficiency the results of auscultation of the crural artery are without diagnostic or prognostic value in any of the diseases which the author studied, and probably this applies to all diseases.

Valvular Disease of the Heart Unattended by Serious Symptoms.—Sir Andrew Clark (*Brit. Med. Journ.*), in an address before the British Medical Association, lays down the following conditions as those which, assuming on the part of the patient obedience to properly adjusted rules of health, would justify us in permitting an individual presenting signs of valvular lesions, say, for example, mitral regurgitation, to continue the ordinary duties and enjoyments of life, in sustaining an application for life assurance, in sanctioning marriage and in speaking favorably of his prospects of longevity:

- 1, Good general health; 2, just habits of living; 3, no exceptional liability to rheumatism or catarrhal affections; 4, existence of the valvular lesion without change for over three years; 5, sound ventricles of moderate frequency and general regularity of action; 6, sound arteries with a normal amount of blood and tension in the smaller vessels; 7, free course of blood through the cervical veins; 8, freedom from pulmonary, hepatic and renal congestion.

He concludes with the following propositions:

1. There are many persons with long-standing valvular disease of the heart engaged in the active business of life, who without any symptoms of heart disease, have enjoyed good health and reached an advanced age.

2. That the mitral regurgitant murmurs so often encountered in chorea, for the most part, disappear within eight or nine years of the attack.

3. That valvular inflammation and their effects, arising in the course of rheumatic fever, do sometimes disappear and leave behind no clinical evidence of their former existence; and that this occurring for the most part in the young, also occurs sometimes in the middle aged.

4. That the signs of valvular defects arising out of the degenerative changes of middle life, do also, on rare occasions, disappear, and that where circulating and respiratory disturbances accompany their commencement, they sometimes subside and permit of apparently complete readjustment.

5. That as there must be in the histories, habits, occupations, and surroundings of patients with valvular disease conditions which, in one case, bring about secondary disorders, and in another case, confer immunity from them, it is desirable that the respective *differentiæ* should be discovered and made capable of application to practice.

6. That any systematic and critical study of this subject likely to lead to practical results could be undertaken only by collective investigation, and not by it without the active assistance of experienced general practitioners, who possess, in a special manner, the knowledge necessary to the end in view.

7. That a just inquiry of the kind proposed, conducted with due patience, discrimination and accuracy, would greatly extend our knowledge of the material history of diseases of the heart, and largely increase our means of assisting those who suffer from them.

These conclusions are deduced from no less than 683 cases of valvular lesions of the heart, without cardiac symptoms, seen between 1873 and 1886.

Discussions upon this paper called forth the following:

1. That any but the most moderate use of tea, coffee, tobacco and alcohol, exerts a most unfavorable influence upon the innervation of the heart and upon its muscle-substance, and secondarily upon the prognosis of valvular lesions, and that of these substances, tobacco and alcohol are especially important.

2. That the state of chronic invalidism formerly enjoined upon persons suffering from valvular lesions with the view of diminishing the work of a deranged organ is not always necessary, but on the contrary very often positively hurtful. Moderate muscular activity may be safely advised in a large number of the cases. To Oertel, of Munich, is due the credit of having shown the groundlessness of the fear of allowing a moderate amount of exercise. In truth exercise must be looked upon as a powerful therapeutic agent, and its use controlled and regulated as is that of active drugs. To carry out the rules laid down by Oertel would require constant medical supervision, such as can only be exer-

cised in a medical institution. Under ordinary circumstances it may be safe to allow the patient to pursue his usual avocation, unless it be of an arduous kind, warning him against sudden and unduly prolonged muscular efforts. It is understood that not every person with damaged cardiac valves can do his customary work with impunity. When, as especially pointed out by Sir Andrew Clark, the heart is irritable, irregular or frequently intermitting, when the murmurs vary in character or intensity, when there is evidence of progressive changes in the valves or in the muscular walls and when there is any febrile disturbance, it is necessary that the patient be kept at rest and fed upon the lightest food.

3. That the primary physical signs of valvular lesions are much less important than the secondary morbid phenomena, murmurs than the evidences of deterioration of the heart muscle or disturbances of its innervation or lowered blood pressure in the arterial side and increased pressure in the reverse side of the vascular system. The words of W. S. Gairdner, written in 1861, are still true: "The tendency of half instructed auscultators is to over-estimate the importance of the murmur as a fact and to under-estimate it as a means of investigation; to pay too much attention to the mere existence of the sound and too little to the circumstances in which it occurs. And from this springs another tendency, which is, to take too great and sombre a view of cardiac murmurs generally, and especially of such as are loud and obtrusive." (Satellite.)

RETROSPECTIVE THERAPEUTICS.

Quebracho.—M. Bourdeaux writes to the *Archives Med. Belges* that, according to his investigations, which have been conducted within the last few years, quebracho is an energetic aid to cicatrization. Painted upon fresh wounds with a smooth edge, it produces transient stimulation and slight pain, just like collodion, and secures healing by first intention. It can also be used with good results in burns and frostbite, if the ulcerated spots have a good, ruddy aspect. The fluid extract of quebracho hardens in an hour after being painted on, and forms a brown crust resembling dried blood, which clings firmly to the tissue and can only be removed by warm water. The secretions of the wound dry up, and, if the crust falls off, the wound has healed, so that here healing under a scab can be properly spoken of. One great advantage of this treatment consists in the fact that all bandages may be dispensed with.

Papoid.—Papoid or papayotin is an alkaloid derived from the juice of the *carica papaya*, a tree found in Java and South America.

Professor Finkler, of Bonn, who has done most to promote the value of papoid, has taken several occasions to urge it as a substitute for pepsin. That he has succeeded in this is manifest by the fact that papoid is as much discussed in Germany to-day as was cocaine a few years ago. Touching its physiological action in the stomach, the observations of Finkler are as follows:

"1. Unlike pepsin, its action, begun in the stomach, is continued in the intestine.

"2. While pepsin will only act in presence of an acid, papoid acts with unvarying energy, be the reaction acid, alkaline or neutral.

"3. It dissolves at least 1,000 times its own weight of fresh fibrin.

"4. It acts as an antiseptic.

"5. In contrast to pepsin, it acts when the resulting

peptone solution is highly concentrated, and such action is highly energetic.

"6. It is of uniform quality.

"7. The conditions under which it changes albumen into peptone are different from those observed for same effect with pepsin or trypsin.

"8. It is harmless and easily tolerated.

"9. It acts in presence of other drugs.

"10. With its use, the possibility of poisoning by ptomaines is rendered negative.

"It improves digestion, stimulates the gastric glands, removes morbid membranes, mucus and pus, and relieves pain and vomiting."

He has employed it successfully in dyspepsia, gastric and intestinal catarrh, anorexia, flatulence, alcoholic emesis, anemia, and for relief of some of the distressing symptoms of gastric carcinoma and ulcer. The dose is grs. i j—v, during meals, and with as little liquid as possible. "Distinct cure is produced rapidly."

When applied to the diphtheritic membrane it dissolves it in a few hours, destroying the microbe of the disease, and thus causes an early fall of temperature. It holds tenaciously to the fibrin, and, once applied, nothing can prevent the destruction of the membrane. It may be applied as a solution or as a paste. If in solution, a strength of one-fifth is preferable, with applications every half hour in the form of spray. Better and quicker results can, however, be obtained by rubbing up gr. 5 with as much water as will make a thin paste, and applying this with a brush.

Dr. J. A. S. Grant (Bey) says that when injected into the blood it paralyzes the heart and nervous system. "It must not, therefore, be used without certain precautions, and I should be very chary in applying it to a bleeding surface; but the living, healthy mucous membrane is not affected by it."

Dr. A. Jacobi has successfully used papoid, and both before the State Medical Society and the Academy of Medicine, has read papers on its use.

Prof. Anstie says: "I am opposed on principle to new remedies, firmly believing that it would be better to revive the use of some of those which are old and well nigh obsolete. Yet, I admit that there are drugs that 'must go,' and one of such is pepsina porci, which should be tabooed, if for no other reason, because of the possibility that it is derived from trichinous material. The vegetable pepsin, papoid, accomplishes all that we have hoped for from the animal product, and I look for the latter's dispossession by it."

Olive Oil in Hepatic Colic.—Dr. Just Touartre, of New Orleans, claims to have cured himself of biliary colic and gall-stones by the following method of procedure (*Lancet*, December 10, 1887): at seven in the evening a blue pill of the weight of fifteen centigrammes was taken, and this was followed twelve hours later by the taking in one draught of twelve table spoonfuls of olive oil; a quarter of an hour later a similar dose of olive oil was taken, and then the patient addressed himself to sleep on his right side. Twelve hours elapsed before calculi began to pass. Altogether sixty stones were evacuated, and six of these had the volume of an olive, and were of a black color. The passage of these calculi was for the most part unattended with pain. For three months Dr. Touartre enjoyed perfect health, when the trouble commenced again; the olive oil was repeated in similar fashion, and with the result that eighteen more calculi were discharged by the bowel. Since then he has enjoyed excellent health. He admits that some courage is required to swallow the large doses of olive oil.

REPORT OF PROGRESS IN SURGERY.

BY EGBERT GUERNSEY RANKIN, A. M., M. D.,
NEW YORK.

Formation of an Artificial Urethra for Prostatic Obstruction.—In a paper read at the recent meeting of the Congress of Am. Physicians and Surgeons, Dr. Hunter McGuire said cases of obstruction from hypertrophied prostate may be divided into three classes, namely:

1. Cases where the obstruction is due to temporary congestion of an enlarged gland, and which yield to ordinary treatment.

2. Those where the obstruction is permanent but not great. Attention to the general health, the occasional introduction of the sound and washing out of the bladder being all that is required. These cases are not free from danger from exposure, etc., and the gradual enlargement may go on until the condition mentioned in the third class is reached.

3. In this class of cases the obstruction is great and fixed. Micturition difficult and perhaps impossible without the catheter, the introduction of which grows more and more difficult. Residual urine is present, decomposition ensues, cystitis, general or localized, appears, and the general health suffers. From this condition the disorder creeps up the ureters, causing pyelitis, pyelo-nephrosis and death.

Two cases are reported, the first a man of 65. Two years previous the patient had also suffered from obstruction caused by stricture. Prostate was enlarged more on the left side. Urine showed no evidence of renal disease. An oxalate calculus, three-quarters of an inch in diameter, was also recognized. Suprapubic cystotomy was performed. The bladder was found thick and contracted and unyielding. The middle lobe of the prostate almost completely closed the orifice of the urethra. It was decided to bore a fistulous opening through which the urine might flow. This tract was two and one-half inches long, and extended upward and forward. In its passive state it was closed by the pressure of the parts. When the bladder was full it contracted, and the urine was forced through the fistulous tract. The patient can now retain water for two or three hours, and has voluntary powers to retain and expel the same.

The second case was of 69 years of age. In 1883 it was found that he had cystitis and enlargement of the prostate. In 1886 electrolysis was employed without success. In 1888 an operation similar to the above was performed, with equally good results. At times he is able to retain the urine six hours, and never has any desire to empty the bladder, no matter how full it is.

The Hypodermic Administration of Cocaine in Idiopathic Tetanus.—The *Jour. Am. Med. Ass.* mentions the use of cocaine in tetanus by hypodermic injections, and relates a case of Dr. M. Lopez, which was reported in *El Genio Medico Quirurgico*, February 7, 1888. The patient, a laborer of 50, after being exposed to cold and wet, complained of rheumatic pains in the back and limbs. Three days after he had marked opisthotonos, very painful cramps, and all the symptoms of idiopathic tetanus. Chloral and morphine were exhibited, and the patient kept under the influence of the same, with the result of lessening the pain. The muscular rigidity and cramps still continued. He became unable to swallow, and death seemed imminent. Hypodermic injections of morphine gave no relief. Three syringefuls of a mixture of a solu-

tion of morphine and a five-per-cent. solution of cocaine were then injected. After two hours the patient could move the legs, open his mouth and turn in bed. On the next day the improvement continued. Some slight trismus, however, continued on both sides of the neck. A fourth syringeful was again injected, and on the next day all symptoms had disappeared.

Treatment of Carbuncle by Subcutaneous Injection of Corrosive Mercury.—Dr. H. H. A. Berch reports two cases of carbuncle treated in this way. One case, a woman, had become much prostrated by one carbuncle, and it was thought desirable, if possible, to arrest the formation of another without operative influence. A solution of corrosive mercury, 1-2000, was injected into the border of the slough and inflamed tissues adjoining, and into the mass of slough itself, with the idea of making an antiseptic wall around the sloughing area, and thus prevent the migration of micro-organisms into the healthy tissues as well as to kill those within.

This procedure was followed by a sharp stinging pain, and soon after a thin wall of lymph appeared, surrounding the diseased part. The carbuncle had existed for five days, and was spreading, but from the moment of the injection the disease was arrested. The slough separated rapidly with little pain. The second case was under treatment at the time of the report, and was equally satisfactory. The temperature had diminished steadily since the first injection. A cloth kept saturated in a solution of sulpho-naphthol 1-50 was applied after the injections.—*Report Boston Soc. Med. Improvement, Boston Medical and Surgical Journal*, Sept. 13, 1888.

Resorcin in Chronic Painful Ulceration of the Tongue.—The *World's Med. Rev.* August, '88, gives a case from the *Lancet* in which resorcin was administered with marked beneficial results in this affection. The case was reported by Maxwell, and was that of a married lady who had suffered from firm India rubber like nodules on the tongue, with extensive bases and deep fissures, situated on and occupying a considerable portion of the dorsum. There was ulceration and severe pain, all methods of treatment were ineffectual, and an operation was contemplated. Before deciding to undergo this, the diseased surfaces were sprinkled with a minute quantity of resorcin. The pain was greatly relieved at the first application, and the tongue returned to its normal size in a few days. The fissures and ulcers looked much more healthy, but were not completely healed when the case was reported.

Indications for Nerve Stretching (Dr. U. P. Dan-drige, Congress of American Physicians and Surgeons, September, 1888).—The following conclusions were presented:

1. That nerve stretching should be condemned in all forms of central disease, such as talis, myelitis, etc.
2. That it offers little prospect of relief in tetanus.
3. That it should be regarded as a reliable method in cases of persistent neuralgia and peripheral paralysis of sensation in the extremities.
4. That stretching the facial is indicated in tic-convulsive.
5. That further trial is justified in reflex epilepsy.
6. That stretching the lingual should be tried in painful affections of the tongue.
7. That reaction should be preferred to stretching in the spinal accessory and in branches of the fifth, except the lingual.

MISCELLANY.

—Dr. Strong, Chief of Staff, Ward's Island Hospital, reports 892 patients under treatment during the month of August, with a death rate of 4.71 per cent. Since January 1st, 4,077 patients have been under treatment. Mortality, 7.06 per cent. There will be three vacancies on the House Staff on November 1st.

—A man is on exhibition in Philadelphia who has a "broken neck," the head being supported by a framework.

—Dr. Variot, of the Paris Biological Society, claims to be able to remove tattoo-marks by first wetting the parts with a concentrated solution of tannin, and then with a set of tattoo needles puncturing the skin to the depth of the professionals. The parts thus punctured are rubbed with a lunar caustic pencil until the needle pricks have turned a deep black. A slight local inflammation follows for a couple of days. After about fourteen days the ischar will fall off, all traces of the tattoo having disappeared, and the skin in a couple of months having an almost natural appearance.

—Instead, therefore, of the demons which were once thought to be the cause of disease, and to require to be exorcised, and instead of the almost equally imaginary vital spirits and humors which succeeded to the demons when they were discredited, the patient microscopist traces and makes known the life-histories of the minute organisms which he demonstrates to be the causes of many diseases. * * —*Maudsley*.

—Dr. Jacobi says that the addition of common salt to cows' or woman's milk will prevent its coagulation by either rennet or gastric juice, and should thus be used in the indigestion of infants.

—Dr. Salesni says that antipyrin in a daily dose of eight grains given at three different intervals, will in a few days arrest the secretion of milk.

—Dr. Gundrum in the *Therapeutic Gazette* gives an interesting case of a severe gonorrheal prostatico-cystitis in which the urging to urinate was incessant with intense pain entirely relieved in a few days by pichi. Thirty drops of the ex. pichi were given, well diluted, at first, once in about four hours, the relief commencing with the first dose.

—A simple method of preserving fresh fruit is to place it in a wide-mouth, glass stoppered bottle with a little chloroform. The stopper of the bottle should be greased with a little petrolatum to make it air tight. A drachm of chloroform suffices for a quart bottle. The chloroform soon evaporates on exposure to the air, or is dissipated in cooking.

—Dr. Lennox Browne thinks that the differences in the breathing of men and women are due to the wearing of stays by the latter, and suggests that the question might be decided "if some scientific observer having the opportunity of temporary sojourn among uncivilized nations would provide himself with the few necessary instruments and give us the results of his experience."

—Persons wetted by salt water do not take cold so readily as those wetted with fresh water. It is claimed that the explanation of this is that the loss of heat by the evaporation of water is supplied by the heat given up by the crystallization of salt on the surface of the body. There being no loss of surface heat there can be no taking cold.

—The lightning rod is said to be a relic of superstition. Electrical experts claim that the day will come when a lightning rod on a house will be regarded in the same light as a horse-shoe over a door.

—The *London Medical Record* states that the antipyretic effects of quinine are increased by the addition of antipyrin in proportion of three grains of the latter to five of the former.

—It is currently reported (says the *Druggists' Circular*) that one or two of the cod-liver oil emulsions that are now having the largest sale, owe their popularity not so much to the purity of the grease from Norwegian cod fish livers, as their makers would have us believe, as to the presence of morphine and codeine in considerable quantities.

—Dr. Fordyce Barker says that cancer is a disease of the most highly civilized, the most cultured, the worthy, and of localities that are the most salubrious, that it is not hereditary, and the hereditary transmissibility of mammary cancer is not confirmed by the analysis of 207 cases reported by Dr. S. W. Gross, in the *Philadelphia Medical News*.

—Dr. Pelletan bluntly says (*Moniteur De La Pharm.*): That the French Academy of Sciences is the most generally incompetent of learned bodies in the world; it is moreover incompetent in every direction. It consists of 3 or 4 surgeons, 3 or 4 chemists, 3 or 4 botanists, 3 or 4 physicians, 3 or 4 zoologists and 3 or 4 mineralogists; the best known of the latter being Pasteur, who does not understand a word of mineralogy. In consequence, there are only 3 or 4 members who are able at all to understand any special work.

—It is a fact now generally known (says W. L. Wilder, in *Science*) that, if one holds his breath, wasps, bees and hornets can be handled with impunity. The skin becomes sting-proof. I have never seen an exception to this in twenty-five years observation. For a theory in explanation, I am led to believe that holding the breath partially closes the pores of the skin.

—The *Therapeutic Gazette* says that 1-60 or 1-80 of a grain of picrotoxin taken at night will prevent the night sweats of consumption for several nights.

—The percentage of illegitimate births in the various countries of Europe is as follows: Holland, 4.0; Switzerland, 5.5; Prussia, 10.0; England and Wales, 6.5; Sweden and Norway, 9.6; Scotland, 10.1; Denmark, 11.0; German States, 14.8; Wurtemberg, 16.4; Italy, 5.1; Spain, 5.5; France, 7.2; Belgium, 7.2; Austria, 11.1; Ireland, 8.

—In this city alone we drink between 10,000,000 and 15,000,000 gallons of excellent California and other native wines, under the belief that they are imported from France, being duly accredited with a French label. The European wines imported amount to about 5,000,000 gallons, as against 35,000,000, the products of our own vineyards. Yet, although we grow eight times as much wine as we import, and can reckon the wine consumed at about 40,000,000 gallons in the rough, we sell 20,000,000 gallons of quasi-European wines every year to consumers. Of course this means a blending of twenty-five per cent. of foreign wines with seventy-five per cent. of American wines, or even more, allowing for a small percentage of sales of genuine French hocks and clarets.

—There is said to be a barber's sign near the Palais Royal, Paris, bearing the following legend in the vernacular: "Callileucocapillaire water which colors the hair white. For the use of young physicians and magistrates."